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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

I. HÆMORRHAGE FROM THE SUPERFICIAL PALMAR ARCH: CURE BY FLEXION OF THE FOREARM.

Under the care of H. C. JOHNSON, Esq.

[*Reported by* E. VINING, ESQ., *House-Surgeon.*]

OUR readers may remember that, a short time ago, a paper was read at the Royal Medical and Chirurgical Society by a pupil of the London Hospital, in which the very simple plan of controlling hæmorrhage from the vessels of the palm by flexing the forearm, so as to make pressure upon the brachial artery in the bend of the elbow, was advocated, and a successful instance of its adoption was recorded. This plan, although not uniformly successful, is so easy, and interferes so little with other means that may be adopted, that it deserves to be widely known, especially as the accident is so common, and frequently occurs in country practice, where few resources are at hand. We therefore have much pleasure in citing the following instance of its success.

Thomas Cross, butler, was admitted on August 1st, with a punctured wound on the palmar surface of the right hand, just over the region of the superficial palmar arch. At the time of admission, there was free hæmorrhage from the wound; but this was restrained by pressure on the radial artery. The hæmorrhage ceased after the radial artery had been compressed for a short time; but, on removing a clot which had formed in the wound, the bleeding again commenced with great vigour.

The history was this. The man was packing some wine, and one of the bottles broke, and a piece of glass entered the hand at the spot above named. On finding the hæmorrhage recur, Mr. Vining determined to tie the ends of the bleeding vessel; but, just as he was about to do so, Mr. Johnson came into the ward, and advised him to try flexion of the arm, leaving orders that, if the bleeding commenced again, he was to cut down and tie the vessel. The forearm was flexed upon the arm, and a small pad of dry lint was put upon the wound, with very slight pressure. The pulsation in the radial artery was much diminished, but not stopped. In the evening, the patient complained much of the discomfort of keeping the arm in one position. This was altered a little, but the arm was still kept flexed.

Aug. 2nd. There has been scarcely any bleeding since the arm has been flexed. He complains of a good deal of pain in the hand to-day, and also of numbness in the fingers; and he also complains of some pain in a lacerated wound of the arm, which he received at the same time.

Aug. 3rd. No more bleeding has occurred. The arm is still kept flexed.

Aug. 4th. The pad of lint was removed from the wound to-day, which has almost entirely healed by the first intention.

Aug. 6th. All pressure was taken off to-day, except that the forearm was still flexed, in order to raise the hand.

Aug. 9th. He complains of pain over the wound to-day, when pressure is made; and the pain also extends up the fingers. This probably depends on some injury to the nerve. The wound, as far as any chance of hæmorrhage is concerned, may be reported cured.

II. TETANUS, SUCCESSFULLY TREATED BY STIMULANTS, ETC.

Under the care of H. B. JONES, M.D., F.R.S.

Hannah T., aged 7, was admitted under the care of Dr. B. Jones on June 20th. The account that was given of the disease was, that she had accidentally bitten her tongue on the 17th (but this was doubtful); that, on the day of admission, she had felt choked and unable to swallow; and that one leg felt rather stiff.

On admission, she could not, or would not, open her mouth sufficiently to let the fauces be seen. The mouth was forced open, and the tip of the tongue only was seen; it was thickly coated, and there was a large ulcer underneath the tongue. The skin was warm and moist; the pulse weak, 104; the breathing natural. There was no pain in swallowing.

℞ Decocti cinchonæ ℥j; tinct. cinchonæ ʒj; potassæ chlor. gr. x. M. Fiat haustus 4tis horis sumendus.

A glass of port wine was ordered to be given daily.

June 21st. She cannot open her mouth, and is quite stiff when raised up. There is no opisthotonos. The chlorate of potash was repeated. Two pints of strong beef-tea were ordered.

She went on without symptoms calling for note till the evening of June 23rd, when she was seized with a violent tetanic spasm; and on the 24th, it was noticed that the head was drawn back. There was no lockjaw, and the masseters were not rigid. The muscles at the back of the neck were hard. There were occasional slight startings of both arms. The fingers were persistently bent towards the palm. Pulse 96. A turpentine enema was given when the spasm first came on, and brought away a very lumpy motion. The quantity of wine was increased to three ounces.

June 25th. She is quiet, and has no pain, but moans in her breathing. The trunk is straight and stiff, both the abdominal muscles and those of the back being hard, like a board. The arms and fingers are generally flexed, but can be straightened voluntarily. The legs are a little apart, and perfectly straight and stiff, looking like a pair of tongs. The insteps are curved, and the toes bent down. The adductor and flexor muscles are hard; the extensors not so. The expression of the face is peculiar, the eyes being half shut, the eyebrows drawn up, the nostrils dilated, and the mouth a little drawn up at the corners. At times the arms become bent, and the child cries out as if in pain. Pulse natural. When raised, she is seized with tetanic spasm, and cannot swallow for a few minutes. At these times there is opisthotonos and pleurosthotonos to the left side. The medicine was continued.

She was in much the same state on June 26th. The enema was repeated. Five drops of laudanum were added to the draught. Morphia was ordered at night.

On June 27th, the convulsions were rather more frequent. She had no sleep even with morphia. The bowels were confined. A turpentine injection brought away lumpy fæces. Pulse 108.

The spasm continued every time she was raised during the next two days. When she was left quiet, she had no distinct spasms, but merely slight twitching of the muscles of the extremities. These became more frequent on June 30th. She was slightly delirious at night, and seemed to have had no sleep since the last note. She was getting very exhausted and thin. Four ounces of the mistura spiritûs vini gallici were ordered, in addition to the wine. She complained of pain in the abdomen, which was very rigid. An epithem of ʒviiss of laudanum and ʒss of chloroform was applied to the abdomen.

July 3rd. She has remained in much the same condition since the last note. To-day, for the first time, she has been free from tonic spasm; and the twitching of the muscles is less.

July 5th. She can now open her mouth better. The under part of the tongue is still sore, but the ulcer looks healthy. She is still very thin, almost a skeleton. She sleeps better. She takes six ounces of the brandy mixture and an ounce and a half of wine, with strong beef-tea. The chlorate of potash

mixture and opium were omitted. Ether mixture was given occasionally.

July 7th. The back is still somewhat bowed; the muscles of the limbs are relaxed. She wants more food. She is reduced to a skeleton. She was ordered pudding and eight ounces of egg and brandy.

July 9th. The muscles are quite relaxed.

From this period there were no further symptoms of tetanus, but she was so excessively weak that it was necessary to keep her a long time in the Hospital, in order to feed her up with meat and cod-liver oil. She was discharged on August 9th, having perfectly recovered, and being fatter than when she was admitted.

Remarks. It seems doubtful whether the above was a case of idiopathic or traumatic tetanus, as the wound or ulcer in the mouth was not known to have had any distinct connexion with the disease. Whether the sore really proceeded from the child's having bitten her tongue, was uncertain, as she seemed to have no recollection of having done so, and her mother spoke dubiously about it. The indications for stimulants and support in the treatment of the affection were clear, from the excessive prostration and extreme emaciation of the patient. The latter was remarkable, the child being reduced almost to inanition, although she was never unable to swallow.

KING'S COLLEGE HOSPITAL.

FISSURE OF THE HARD AND SOFT PALATE, WITH OTHER DEFORMITIES OF THE FACE.

Under the care of W. Bowman, Esq., F.R.S.

Harriet Page, aged 22, was admitted into King's College Hospital on January 19th, under Mr. Bowman's care, on account of fissure of both the hard and soft palate, extending from the alveolar process to the uvula. It was about a quarter of an inch wide at its commencement, and became wider as it proceeded backwards, being about an inch wide at the junction of the hard and soft palate. The septum nasi was deficient at its inferior part, allowing a communication between the two nostrils. The incisors in the upper jaw were absent, and the fissure extended between the two canines. There had been harelip, operated on in early infancy, when the intermaxillary bone had been removed. The lower lip was considerably everted; and just at the junction of the mucous and cutaneous surfaces, in the central line, two small orifices were seen, which admitted the point of a probe. They appeared to be the openings of the ducts of two buccal glands. They secreted saliva, which dribbled down over the lower lip, and not into the mouth. The teeth of the lower jaw were irregularly placed, one behind the other. The patient spoke in a low indistinct voice, and was only able to take small quantities of food at a time, as a large mouthful would pass into the cavity of the nose.

On January 22nd, the two orifices on each side of the lower lip, which were within a quarter of an inch of each other, were each dissected out as far as the buccal surface, through which ligatures were passed to establish a communication with the mouth; and a harelip-pin was inserted through the two, with a twisted suture round it, to close the opening on the lip. It was found necessary, a few days afterwards, to remove this pin, and introduce a seton between the two orifices of the glands, with its end tied in the mouth. On February 12th, it is noted that one of the openings remained closed, but that saliva still dribbled through the other.

On February 16th, staphyloraphy was performed on the soft palate. The levator palati was divided from behind on each side; and transverse incisions were carried outwards for about a quarter of an inch between the hard and soft palate, so as to approximate the flaps more completely. The edges of the soft palate were pared, and brought together with three metallic sutures. The adjustment of the uvula was not so complete as of the other parts, the opposite edges being somewhat twisted. She was ordered wine and beef-tea. On the 18th, she had a slight cough, with some muco-purulent expectoration and swelling in the throat. The mucous membrane of the palate was somewhat congested; the tongue furred; and mucus collected about the sutures. She was ordered a gargle of dilute hydrochloric acid; and, as the edges looked sloughy, they were touched with nitrate of silver. Still the union remained firm, although a small slough formed on the uvula; and ultimately the whole of the line of incision united, and the uvula was preserved. Two of the sutures were removed on the seventh day, and the other a day or two afterwards.

On March 12th, Mr. Bowman made the following attempt to reconstruct the columna nasi. The septum of the nose, before the operation, presented a beak-like projection, descending half an inch below the nostrils, and ending in a thickened rounded tubercle, half an inch from the front of the upper lip, thus leaving a notch between the septum and the lip, which was particularly unsightly in profile. The object of the operation was to connect the lip with the septum across this notch. For this purpose, a double flap was formed, one half from the interior of each nostril, the base of each being at the upper lip, close to the median line; and these flaps were half-twisted on their axis, and united by wire sutures to the septum, which had been previously reduced in size by the removal of the beaked projection to the extent of half an inch. This mode of operating was adopted in consequence of the extremely tight and narrow condition of the upper lip, from the removal of the intermaxillary bone, This operation did not succeed.

On May 14th, the following operation was performed, for the purpose of closing the hard palate. An incision was made with a rectangular knife along the nasal margin of the fissure down to the bone, from the incisors to the soft palate; and the soft tissues were dissected off the bone for some distance. The tissues thus separated were found to be a quarter of an inch thick, and very rigid, so that they did not drop down to the horizontal position until a transverse incision had been made on each side behind the incisor teeth, and an antero-posterior one on the left side, close to the soft palate. The parts then fell easily together, and were kept in apposition by two metallic sutures. There was not more bleeding than usual, and it ceased when the operation was finished. It recurred, however, shortly after the operation, and continued for five hours; it was checked by ice and perchloride of iron. She shortly afterwards vomited a large quantity of blood, which had run down the throat. She remained for some days weak from loss of blood, but nothing interfered with the healing of the wound; and, on March 30th, it is noted that the anterior part of the wound had firmly united, but that a narrow fissure was left, extending about half an inch backwards to the soft palate, and establishing a communication between the mouth and nose. Its edges, however, were almost in contact. In June, it is noted that the voice was much improved, and that the fissure was very narrow. This was, therefore, left to be closed by a small plate; and nothing now remained but to endeavour to repair the deformity of the upper lip.

Accordingly, on June 28th, Mr. Bowman proceeded to operate as follows:—The object was not only to close the gap between the lip and the columna nasi, but to remedy the tension of the upper lip, which was so great that the mouth could not be closed. A V-shaped incision was made from the ala nasi on each side to the centre of the lip, and the vertical cicatrix was removed. Then from the lateral points of the upper incisions a cut was made towards the angle of the mouth, so as to allow the flaps of the upper lip to fall together, which they did readily, and were united by two harelip-pins. A small flap was now brought from the cheek on each side, to fill up the gap left below the alæ nasi; and these were united, leaving a small orifice below the columna to heal by granulation. Her condition was rather threatening, as far as union was concerned, for a few days after this, as she complained of sore-throat and loss of appetite and sleep; but this soon passed away, and the orifice left at the operation began to granulate healthily. All the surfaces brought together united; the opening below the columna filled up by granulation; and she was discharged, wonderfully improved in appearance and health, on July 23rd. The small opening in the hard palate would be filled up by a plate.

Remarks. The history of this complicated deformity affords an encouraging instance of the powers of plastic surgery, patiently and judiciously applied, in remedying a very common congenital disease even in its most severe form, the simplest variety of which would, a few years ago, have been pronounced incurable. The patient was not the very best subject for long continued operative treatment, demanding union by first intention as a condition of success; still the textures in the face are so vascular, and consequently so disposed to unite, that measures may be successfully adopted here, which, in other regions of the body, would most likely lead to disappointment. In the present instance, the case was much complicated by the deficiency of the upper lip, occasioned by the operation in early childhood, the deformity occasioned by which was even more

formidable and more difficult to cure than the hiatus in the hard palate. It frequently happens, in successful operations for cleft of both hard and soft palate, that a small opening is left at the part where the two operations have met each other; but, in most of the cases which we have seen, the inconvenience produced by this has been so trifling that the patient has not been inclined to submit to the ordeal of a third operation for what is so easily remedied by mechanical means. Sometimes the opening will granulate up and heal spontaneously.

Original Communications.

THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF CARDIAC DISEASES.

By W. O. Markham, M.D., F.R.C.P., Physician to St. Mary's Hospital, London.

II.—Pathological Anatomy of Pericarditis: Pericardial Adhesions: their Consequences.

It is most important that we should keep the fact already referred to constantly in view whilst studying the pathological anatomy of pericarditis, viz.: That pericarditis is not merely a local inflammation. Excepting in those rare cases in which it is the result of traumatic injury, or is excited by contiguous disease, pericarditis is to be regarded as one of the consequences of some exciting cause operating generally in the body.

The anatomical changes which represent the disease to us, it should be remembered, are not, essentially, the disease. What may be more truly called so, viz., the exciting cause of the local disorders, exists prior to them. The changes are but the consequences of the unseen, but pre-existing, causes which are working in the system. And these causes again, though pathology cannot in all cases clearly define their nature, are various; and they attack the vigorous and they attack the weak; and certain of them operate in particular at one period of life, and some at another; and they fall upon other organs and parts of the body besides the pericardium. The same cause, for instance, which produces the rheumatic pericarditis is doubtless that which produces the rheumatic joints, and which produces the endocarditis, and the pneumonia, and the pleurisy, which so often accompany pericarditis; and so again, the cause which, in disease of the kidney, excites inflammation of the pericardium, is the same which gives occasion to inflammation of other serous membranes and parts and organs of the body. To look upon pericarditis in such case as the disease, is surely much the same as if we were to designate typhus as a pneumonia or a cerebritis, whenever the lungs in the one case, or the brain in the other, happen to be the organs on which the essential element of these diseases has, in an especial manner, exerted its noxious influence. In pericarditis, certainly, as in the pneumonia and cerebritis of typhus, the local inflammation demands especial consideration; but in pericarditis, as in typhus, we must remember that the disease is general, and that, therefore, in the general character of the disease, and in the general bodily condition of the patient, we must still seek our main guides to direct us in the management of the local disease.

Pericarditis, anatomically considered, consists in an inflammation of the whole or a part of the serous membrane which lines the pericardial sac. The anatomical changes effected by the inflammation are the same as those which are observed during the progress of inflammation in other serous membranes of the body. We have to note the stages of congestion, of exudation, of new growth, of organisation, of absorption, and adhesion; or of degeneration of the products exuded.

In the early periods of the inflammation, the superficial vessels of the subserous tissue become visibly injected with blood, and form tuft-like arborescent patches, frequently having little ecchymoses scattered between them. The surface of the serous membrane, at the same time, loses its naturally smooth, shining, and semi-transparent appearance, in consequence of serum being infiltrated into it, and into the subserous cellular tissue. The membrane, in this condition, is softer than natural, and consequently is more easily torn, and more readily separated from its attachments.

As the inflammation progresses, exudations are poured out into the cavity of the sac, and pseudo-membranous growths form upon its surface. The exudations vary greatly, both in quantity and in quality. Sometimes only a few ounces, and sometimes several pints of fluid, are effused into the sac. The fluid has even been found in quantity so large as to distend the pericardium in a diagonal direction, from the sternal end of the first rib on the right side, down to the eighth rib on the left side, expanding the costal cartilages on either side of the sternum, and compressing backwards the lower lobes of both lungs. In one case which I lately observed, the distended pericardium reached twelve inches across the thorax, and contained three and a quarter pints of serum.

In quality the exudation varies much; it may be of a serous, a fibrinous, or a purulent nature, and is not unfrequently tinged with blood. It collects chiefly about the base of the heart and in front of it. The heart, being specifically heavier than the fluid, sinks beneath it when the patient lies in the recumbent position.

The new growth upon the surface of the membrane presents great varieties in appearance. At one time it is smooth and thin; or again, and as we generally observe it, uneven, flocculent, villous, or honeycombed. When very rough and villous over the heart, the organ takes on that appearance to which older authors gave the name of *cor villosum, hirsutum, hispidum, tomentosum.* The new growth, again, varies considerably in thickness and in colour; it is generally most developed on the convex surface, and about the base of the heart. Its variation in colour results from its being accidentally stained with blood effused from the newly formed blood-vessels, which at this period of their formation are very readily ruptured.

The character of the exudation depends much upon the nature of the formative impulse which presides over the inflammation, upon the constitution, the idiosyncrasy, and the condition of the health of the individual attacked by the pericarditis. It is especially influenced by the nature of the disease with which the pericarditis happens to be associated.

Purulent exudations commonly arise during the progress of severe disorders of a low type, as in pyæmia, tuberculosis, and small pox, puerperal fever, and scarlatina. They are also observed in connection with chronic diseases; but are comparatively not of frequent occurrence. For the most part they have a fatal issue; sometimes, however, they appear to undergo partial absorption, as we may suppose to have happened in those cases in which cheesy, calcareous, and fatty matters are found sacculated between the layers of new formed pericardial adhesions. I have known small abscesses, thus situated in the pericardium, mistaken for purulent deposits in the walls of the heart. The new growth—the so-called fibrinous deposit upon the serous membrane—is generally slight in such cases.

Exudations have a natural tendency to undergo certain changes, under the influence of that ever presiding force, the *vis medicatrix naturæ*; the portions being absorbed, and the fibrinous deposit becoming organised, and converted into areolar tissue. In the purulent sort, as we have seen, hard or softish, or tubercular and cretaceous matters, may be left in the pericardium after the serous portion of the fluid has been absorbed. Laennec and other authors have described cases where the whole pericardium has been thus converted into a so-called bony shell. Instances in which portions of the pericardium are hardened into calcareous plates are not unfrequently met with. In other kinds of exudation the fluid portions of them may be entirely absorbed, so that the opposed surfaces of the new growth—the false membrane—are brought into immediate contact.

Under such circumstances, the surfaces gradually unite, and by their cohesion a perfectly organised and vascular union is at last established between the surfaces of the pericardium. The union thus formed may be general or partial. When the union is partial or slight, the connecting areolar tissue is sometimes long and loose; but when a large extent of surfaces is united, the union is for the most part intimate. A new vascular connection is established between the vessels of the heart itself, and the vessels of the parietal layer of the pericardium—a fact worthy of observation in a therapeutical point of view.

Thus far, the description of pericarditis is the description of the inflammation of serous membranes generally; but there are certain peculiar facts incidental to pericarditis which must be referred to. The immediate and the secondary effects of the inflammation are exercised upon an organ whose uninterrupted action is essential to existence; and hence it is that the smallest pericarditic friction-sounds excite such deep attention.

The action of the heart is interfered with, during the course of the inflammation, in several different ways. We may suppose that, in the onset, the local irritation—the cause provoking the local inflammation—acts as a stimulant to the heart's contractions; and that both the nutrition and innervation of the organ are impaired. Then, after a period of unusual excitement, reaction sets in, and the over-wrought muscular tissue suffers depression and diminution of its vital force, and becomes, so to say, partially paralysed. The same result, this, as happens in the advanced stages of pleurisy and peritonitis, when the intercostal muscles and the muscular coat of the intestines have been subjected to the influence of contiguous inflammation.

But this is not the only way in which the heart's movements are impeded. When the fluid exudation is considerable, it necessarily acts as a mechanical impediment to the motion of the heart. The pressure of the exudation upon the surface of the heart, when the pericardium is much distended, is very considerable; and as the pressure is equally distributed over the organ must act with greater effect upon the auricles than upon the ventricles. The solid fibrinous masses spread over the pericardial surfaces likewise interfere with the heart's action, especially when collected in masses about its base. I have seen cases in which the heart looked as if it had been flattened by the pressure of the fluid on it; the auricles being thickly coated with false growths, and crumpled down, and hardly to be distinguished from the ventricles. I have also seen the aorta apparently indented, from a like cause, at one point.* The pressure thus exercised on the heart interferes with the respiration, as well as the circulation, by impeding the ready flow of blood into the auricles from the pulmonary veins and the systemic veins.

Hence it appears that the pericardial inflammation injures the action of the heart and its great vessels in two ways: by the mechanical pressure of its exudations; and through the vital changes effected in the contractility and elasticity of the heart and its vessels by the interference with their nutrition which the inflammation occasions; the changes being either temporary or permanent.

Pericardial Adhesions. One of the important results of pericarditis is adhesion of the opposed pericardial surfaces, through the medium of the new growths. These adhesions are formed by a gradual conversion of the solid exudation into a completely organised areolar tissue. Inflammation or exudation upon one part—the visceral layer, for instance—of a serous membrane, seems almost invariably to excite inflammation in the opposed part of the parietal layer. I know not how we can account for this fact, except by supposing that the friction of the roughened surface of the part originally inflamed excites, by its mechanical action, inflammation in the opposed portion of the serous membrane.

Consequences of Pericardial Adhesions. Different authors differ much respecting the effects produced on the heart through adhesions of its pericardial surfaces. Hypertrophy, hypertrophy with dilatation, dilatation, and atrophy, each of these has been set down as the ordinary consequence of pericardial adhesions. There can be no doubt that each of these abnormal states of the heart has been observed coincidently with such adhesions, and as a consequence of pericarditis, therefore; but that one particular state—viz., hypertrophy with dilatation—is their most ordinary consequence. The discrepancies of opinions of authors seem to me to be capable of ready explanation, when we take into consideration the several coincident facts which are, one or other, associated with pericarditis. In the first place, the inflammation may have left the muscular structure of the heart unimpaired; or it may have so interfered with its nutrition as to have occasioned atrophy or degeneration of that structure. Then, again, with pericarditis is very frequently associated endocarditis, and with endocarditis injuries of the heart's valves; and from such injuries naturally spring hypertrophy and dilatation. Then, again, the nature and extent of the adhesions will modify the results occasioned by them. We must also look at the length of time which the adhesions have existed, when considering their influence upon the organ; *i.e.*, the effects which they may have produced.

A consideration of these particulars would lead us to anticipate the occurrence of different conditions of the heart, according as one or other of the influences here mentioned is brought most prominently into action. When the nutrition of the heart has been seriously interfered with, the muscular structure may have, to a greater or less extent, been permanently damaged; and, in such case, we should reasonably expect to find the organ atrophied, or that its tissues had undergone degeneration. But when the muscular structure of the heart has not been permanently affected by the inflammation, then the impediment to the heart's free action resulting from the adhesions, or coexisting valvular disease, would probably produce hypertrophy and dilatation. Thus, in cases of adherent pericardium, atrophy and dilatation of the heart would follow its impaired nutrition and its muscular degeneration; and hypertrophy, or hypertrophy with dilatation, when its muscular structure remained sound. It is right to add, that cases of completely adherent pericardium are occasionally met with, in which the heart appears to be healthy, and to have perfectly performed its functions during life.

Relation of Pericarditis and Endocarditis. Endocarditis very frequently arises during the progress of pericarditis; sometimes it precedes, and sometimes seems to arise simultaneously with, the pericarditis. It is only, however, in the rheumatic form of pericarditis that we notice this connexion. In such case, the endocarditis must be regarded as the product of the same exciting cause of disease as that which occasioned the pericarditis.

We have already seen that pericarditis may be the occasion of fatty degeneration of the heart, through the injury which it has caused to the nutrition of the organ.

When the pericarditis is considerable, it usually extends by contiguity to the parts external to and around the pericardium, producing local pleuritis. In consequence of this exopericardial inflammation, adhesions form between the pericardium and the lungs and the thoracic walls. Through such adhesions, the heart becomes directly attached to the thoracic walls, and the lungs are prevented gliding over the pericardium during inspiration—an important fact in diagnosis.

The pericardial effusion not only impedes respiration (as already described) by its pressure upon the heart and the great vessels, but it also, when considerable, mechanically compresses the lungs, and particularly the left lung, which is sometimes in this matter rendered in great part useless. We shall have occasion hereafter to speak of the many other effects which result from the congestions of the different organs of the body produced by the impeded respiration and circulation.

White Patches on the Heart are very frequently met with. They appear to be of two kinds, consisting of a fibrinous exudation poured out *within* the tissue of the pericardium, and of a fibrinous exudation *upon* its surface. They were once thought to be purely of inflammatory origin; but there is great difficulty in thus regarding them. They are probably only quite exceptionally the results of inflammation, being, in the great majority of instances, merely the exudation of "unhealthy plasma", as described by Dr. Handfield Jones. In consequence of their usual position on the anterior part of the right ventricle, and on the right auricle, and sometimes on the posterior part of the heart, about the base of it, and over the coronary vessels, they have been attributed by some writers to the effects of friction produced by the heart's movements. "It is an appearance," said Dr. Baillie, "I believe, of no consequence whatever, and is so very common that it can hardly be considered as disease." This is exactly all that can be said at the present moment of these patches.

[*To be continued.*]

* Such a kind of pressure would probably excite an aortic bruit, it may be incidentally observed.

Action for Recovery of Fees. An action was tried a few days ago in the Marylebone County Court, brought by Dr. A. B. Wall, of Bayswater, against Mr. T. B. Gordon, a retired wine-merchant. The plaintiff had attended the patient's wife, who had cut her throat; he made altogether sixty-three visits (sometimes seeing her twice a day), for which he charged five shillings a visit. The defence set up was, that the plaintiff was not entitled to charge for more than one visit a day; and that the plaintiff's treatment had been unsatisfactory. The judge decided that these grounds of defence were altogether set aside: the first, by the testimony of several medical witnesses; and the second, by the fact that the defendant had paid ten guineas into court. He was of opinion that in law a medical man could charge for every attendance; the public had their remedy, by first making a contract if they chose. The jury at once found a verdict for the full amount; and the judge allowed full costs, amounting to £5:4:0.

A Course of Lectures
ON
URINE, URINARY DEPOSITS, AND CALCULI.

DELIVERED AT THE PATHOLOGICAL LABORATORY, DURING THE SESSION 1857-58.

BY

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PHYSICIAN TO KING'S COLLEGE HOSPITAL; PROFESSOR OF PHYSIOLOGY AND GENERAL AND MORBID ANATOMY IN KING'S COLLEGE, LONDON; ETC.

Lecture III.

Healthy Urine. III. Inorganic Constituents. *On the Salts generally; Changes effected in the Composition of the Salts by Incineration: Proportion of the Saline Matter in Urine: Phosphates; Common Phosphate of Soda; Alkaline Phosphate of Soda; Acid Phosphate of Soda; Phosphate of Soda and Ammonia; Phosphate of Magnesia; Phosphate of Ammonia and Magnesia; Phosphate of Lime; Estimation of the Alkaline and Earthy Phosphates; Quantity: Sulphates; Quantity; Estimation: Carbonates: Chloride of Sodium; Quantity; Detection; Circumstances affecting the Excretion of Chloride of Sodium: Bases in Urine: Soda and Potash: Lime: Magnesia: Iron: Silica: Alumina: Systematic Quantitative and Qualitative Examination of the Saline Matter of Healthy Urine.*

III.—Inorganic Constituents of Healthy Urine.

[*Concluded from page* 503.]

Alumina. It has been stated by authorities that this substance does not pass off from the system in the urine at all; but from several observations which I made some years since, and which I have lately repeated, I have been led to conclude that it is very commonly present in the ash of urine. The alumina detected in the urine is in great part, if not entirely, derived from the alum taken in the bread. Some time since, while in the habit of eating pure home-made bread, I was unable to detect the presence of this substance in the manner presently to be described; but afterwards, when my diet consisted of baker's bread, I found very decided indications of its presence.

The test which has been employed is the ordinary blow-pipe test. A little of the fixed saline residue, which has been perfectly decarbonised, is moistened with a solution of nitrate of cobalt, and heated gradually in the blowpipe flame to a bright red heat. If alumina be present, the bead, upon cooling, is found to be of a beautiful *bright blue* colour. As is well known, there is great difficulty in separating phosphate of alumina from phosphate of lime; and the ordinary process of analysis is not sufficiently delicate to detect this substance in the small quantity in which it ordinarily occurs in the ash of urine. When the ash contains as much as one-fiftieth part, however, I have been able to detect it by the liquid tests. The blowpipe test above referred to is not without objection, inasmuch as any bead containing phosphates exhibits a blue colour when heated in the blowpipe with nitrate of cobalt. The blue colour produced is certainly very different to that developed when alumina is present. A bead consisting of phosphates of soda, lime, and magnesia, gave a very dull grayish blue colour with the cobalt; but, when the slightest trace of alumina was added, a very bright and decided colour resulted. I have applied this test, therefore, to the urine salts before and after alum was taken in the food. In the first case, the blue tint was very undecided, or not at all manifested; while in the last it was bright and distinct.

At a time when I was taking home-made bread perfectly free from alum, I examined the urine. The ash was tested for alumina with nitrate of cobalt in the usual manner, but only a faint blue colour was produced. Immediately after evacuating the bladder (12, noon), five grains of alum were taken, dissolved in an ounce and a half of distilled water. At 6 P.M., about fifteen ounces of urine were passed. A portion of this was evaporated to dryness, and the residue incinerated and decarbonised. A small quantity of the ash was treated with nitrate of cobalt, and heated in the blowpipe flame. The bead, on cooling, was of a very bright blue colour. This experiment was repeated, with the same result. A similar reaction is met with in a great many specimens of ash obtained from the urine of hospital patients. Although this is not a perfectly accurate test, it indicates the presence of alumina in some specimens of urine in which one would expect a salt of this base to be present; while in urine which was perfectly free from alumina, no indication of its presence was afforded by the test. I think, therefore, if the cobalt test be employed carefully, it is worthy of more trust than most chemists seem disposed to place in it. A further series of researches is required to prove the proportion of alumina removed in the urine to that which escapes by the intestinal canal, when salts of this base are taken with the food. But I think there can be little doubt that a certain amount of this substance is really carried off in the urine. The urine salts of most persons give a very decided reaction indicating the presence of this substance, a considerable quantity of which is taken with many kinds of bread. Although there are many objections to mixing alum with the bread, and the practice ought clearly to be put an end to, I am not aware that any deleterious effects have been produced by its introduction. Some have attributed habitual constipation to this cause.

It is desirable that the student should be acquainted with the principal characters of the most important inorganic salts of urine; and it has been considered desirable to give the following short course of systematic analysis. When it is required to estimate the constituents quantitatively, the volumetric process will be found the most accurate as well as the most convenient.

Systematic Qualitative or Quantitative Analysis of Healthy Urine: Inorganic Constituents.

The portion of urine B (p. 428) is also to be evaporated to dryness, and the dry residue incinerated in a large platinum capsule, and maintained at a dull red heat until it is perfectly decarbonised and nothing remains but an almost perfectly white ash. This, consisting of the fixed salts, is now to be examined as follows. Boiling distilled water is to be poured upon the saline residue, and the mixture thrown upon a filter.

The *solution* contains the *alkaline salts.*

The *insoluble matter*, consisting of *phosphate of lime, phosphate of magnesia*, and *silica*, remains behind on the *filter.*

1. The residue *insoluble in water* is to be treated with nitric acid, and boiled if necessary. *Silica* remains undissolved. If effervescence occur upon the addition of the acid, *carbonate of lime* was present in the ash. Filter; add excess of ammonia to the filtered solution, and redissolve the precipitated phosphates by adding excess of acetic acid. Next precipitate the lime as oxalate, by the addition of oxalate of ammonia. If the *quantity* of lime is required, the oxalate must be heated in a platinum capsule, and weighed as carbonate.

After the separation of the oxalate of lime by filtration, concentrate the clear solution by evaporation, and add a little ammonia and chloride of ammonium. Stir the mixture, and set it aside, that crystals of *triple or ammoniaco-magnesian phosphate* may form.

2. The *original solution*, containing the urinary salts, soluble in water, is divided into two portions, 2 *a*, 2 *b*.

2 *a*. The first portion is acidified with nitric acid, and treated with *nitrate of silver. Chloride of silver*, indicating the presence of chlorine, is precipitated. The chlorine originally existed in combination principally with sodium.

2 *b*. The second portion is also to be acidified with nitric acid, and an excess of solution of nitrate of barytes added; a precipitate of *sulphate of barytes*, proving the presence of sulphuric acid, occurs.

The mixture is boiled and filtered; and, upon the addition of ammonia to the solution, *phosphate of baryta*, showing the presence of phosphoric acid, is precipitated, care being taken to prevent the formation of carbonate of baryta by exposure to the air.

Next the phosphate of baryta is to be separated by filtration; and the solution, which contains nitrate of barytes, ammonia, and the fixed alkalies, is to be concentrated. Excess of carbonate of ammonia and ammonia is to be added, and the mixture thrown upon a filter. The solution is to be concentrated by evaporation, and the barytes separated by sulphuric acid, after which the solution is to be evaporated to dryness, and the residue heated to redness in a hard glass tube, in the mouth of which a fragment of carbonate of ammonia has been placed. The residue is to be treated with water, and filtered. The

solution contains the salts of the alkalies, *potash* and *soda*. The former is thrown down in the form of minute octohedral crystals of the *potassio-chloride of platinum*, upon the addition of a solution of bichloride of platinum. After stirring, these may be filtered off.

The solution contains the *sodio-chloride of platinum*. It is to be concentrated, in order that the beautiful acicular crystals of this substance may form.

Thus we have shown the presence of the following substances in the specimen of urine submitted to examination.

Fixed Salts .....
Lime .....
Magnesia .....
Potash .....
Soda .....
Chlorine .....
Phosphoric Acid .....
Sulphuric Acid.....

The constituents not included in the above list, and in that on page 429, require special processes for their demonstration; and, as many of them exist in very minute quantity, it is not desirable that the student should attempt to test for them in the small amount of urine usually operated upon. If the observer desire to carry on special researches on these constituents, I must refer him to works which treat fully upon the processes of analysis, especially to Dr. Thudichum's recent work. The substances alluded to are the following:—

Creatine.	Ammonia.
Creatinine	Hippuric Acid.
Sarkine	Iron.
Uræmatine.	Alumina.*
Uroxanthine.	Carbonic Acid.
Phenylic Acid, Damaluric Acid ?	Leucine, Tyrosine †

The characters of several of these have already been discussed, and the methods for separating them from the urine described.

Average Composition of Healthy Urine, and the Quantity of the different Constituents excreted in twenty-four Hours.

It is clearly very important that we should form a general idea of the quantitative composition of healthy urine, and the amount of the various constituents which are excreted from the healthy organism in twenty-four hours. Those who are making observations on the urine in disease should be acquainted also with the relative proportion to each other of these different substances. It is true that the healthy variations are very great; but, in certain cases of disease, the difference in the quantity is so considerable that the observer cannot fail to be struck with the importance of the fact. Thus, in health, from 400 to 500 grains of urea are excreted in twenty-four hours. In certain cases of kidney-disease, when the cortical portion is impaired in structure, not more than 100 grains are eliminated; while, in some cases of fever, upwards of 1000 grains have been removed in the same time. Of the significance of such facts there can be no question; and the physician cannot fail to reflect upon the very different chemical conditions under which life is being carried on in these cases. Without considering all the circumstances likely to affect these abnormal processes, how can we hope ever to gain that insight into the nature of disease which in many instances can alone enable us to modify or counteract the morbid changes going on?

The composition of healthy urine is given in the analyses by Berzelius, Lehmann, and Dr. Miller. With a view of giving a rough idea of the general amount of the different urinary constituents excreted, and the proportion which these bear to each other, in twenty-four hours, I propose to arrange the results of numerous observations in a tabular form. The proportion of some of these substances is so variable, that it is impossible to give an average. In most cases, I have purposely given a round number, and avoided fractional parts; but in other instances, in which I have not been able to institute examinations for myself, and when the question has only been examined by one or two observers, I have given the exact figures published by the authority who has made the matter an object of special study. In constructing this table, I have not attempted to follow any single observer, but, with the exceptions alluded to, have put down numbers which appear to me to be tolerably correct. They have been obtained by consulting numerous authorities, and from my own analyses. This table, therefore, is only to be looked upon as a rough approximation to the truth. In the second column, the composition of 1000 grains of urine is given; in the third, the quantity of constituents in 100 grains of solid matter; and in the fourth, the percentage composition of the salts.

From what I have said before, it is obviously quite impossible to give what may be regarded as an *average* of the quantity of constituents removed in the urine in the course of twenty-four hours; since it will vary with the weight and power of the individual, the amount of exercise, quantity of food, etc. The figures in the table may be regarded as the proportion excreted by a strong healthy man in good nutrition, on full diet. Healthy women would excrete about one-third less than the quantities given in the first column.

The same exception may be taken to the numbers expressing the *relative* amount of the different ingredients. For instance, the proportion of urea to extractive matters undergoes the greatest variation. Sometimes the urea is double the weight of the extractives, while in other cases the numbers would be reversed. Many of the saline constituents also exhibit the greatest variations, not only in different individuals, but in the same person, on different days. Thus the quantity of chlorides is twice as great on some days as on others; depending, as before remarked, partly on the amount taken in the food, partly upon the quantity of fluid and other saline matters. As yet, these extraordinary fluctuations have not fully been accounted for; but, doubtless, in time the circumstances which determine them will be accurately made out.

A. An analysis of 1,000 parts of healthy urine by Berzelius; B. One by C. G. Lehmann.

	A		B	
Water	933·00		932·019	
Solid matter	67·00	100·0	67·981	100·0
Urea	30·10	44·9	32·909	48·4
Uric acid	1·00	1·4	1·098	1.5
Lactic acid			1·513	2·3
Lactates	17·14	25·5	1·732	2·6
Water extract			·632	1·0
Spirit & alcohol extract			10·872	16·0
Chloride of sodium	4·45	6·6	3·712	5·5
Chloride of ammonium	1·50	2·2		
Alkaline sulphates	6·87	10·2	7·321	10·8
Phosphate of soda	2·94	4·3	3·989	5·9
Biphosphate of ammonia	1·65	2·4		
Phosphates of lime and magnesia	1·00	1·4	1·108	1·7
Mucus	·32	·4	·110	·3
Silica	·03	·04		

The following is an analysis of healthy urine by my friend Dr. W. A. Miller, of King's College:—

Specific gravity		1020	
Water		956·80	
Solid matter		43·2	100·00
Organic 29·79	Urea	14·23	33·00
	Uric acid	·37	·86
	Alcohol extract	12·53	29·03
	Water extract	2·50	5·80
	Mucus	·16	·37
Fixed salts, 13·35	Chloride of sodium	7·22	16·73
	Phosphoric acid	2·12	4·91
	Sulphuric acid	1·70	3·94
	Lime	·21	·49
	Magnesia	·12	·28
	Potash	1·93	4·47
	Soda	·05	·12

Vogel gives the following estimate of the quantity of urine and its most important constituents excreted in twenty-four hours in a state of health:—

Average quantity in twenty-four hours	52½ to 56 oz.
Average specific gravity	1·020
Average quantity of urea	556 grains.
Average quantity of chlorine	154 „
Average quantity of free acid	33 „
Average quantity of phosphoric acid	66·7 „
Average quantity of sulphuric acid	30·88„

* Not necessarily present in healthy urine.
† In urine in certain diseases. Probably not in healthy urine.

Table showing the amount of Urinary Constituents excreted in twenty-four hours, and in 1000 parts of Healthy Urine, with the percentage composition of the Solid Matter and Fixed Salts.

	Excreted in twenty-four hours.	In one thousand parts of urine.	In one hundred grains of solid matter.	In one hundred grains of salts.
Specific gravity . . 1015 to 1025				
Quantity	40 oz. to 60 oz. 17500 grs. to 26250 grs.			
Water	16700—25050	968·0 —940·0		
Solid matter	800— 1200	32·0 — 60·0	100·0	
Organic matter . . .	600·0—900·0	24·0 — 45·0	75·0	
Saline matter . . .	200·0—300·0	8·0 — 15.0	25·0	100 00
Urea	400·0 —600·0	12·0 — 30·0	45·0	
Kreatine	3·45*– 6·32*			
Kreatinine	5·50*– 10·00*			
Uric acid	5·00— 8·00	·3 — 1·0	1·5	
Hippuric acid . . .	7·50*– 30·00+			
Extractives and colouring matter	140·0 —200·0	9·0 — 20·0	20·0	
Free acid	20·0 — 30·0	·32— ·64	1·0	
Ammoniacal salts . .	6·0 — 15·0	1·50— 3·00	5·0	
Mucus	10·0 — 30·0	·1 — ·4	1·0	
Sulphates	50·0 — 85·0	1·5 — 6·0	8·0	30·0
Alkaline phosphates . .	60·0 —100·0 or 160	2·0 — 9·0	9·0	38·0
Earthy phosphates . .	6·0 — 20·0	·5 — 1·2	1·5	6·0
Chlorides	100·0 —300·0	4·0 — 8·0 or more	7·0 or more	25·0 or more
Chlorine	60·0 —180·0	2·4 — 4·8	about 4·2	15·1
Sulphuric acid . . .	25·0 — 42·0	·75— 3·0	about 4·0	15·0
Phosphoric acid . .	30·0 — 50·0 or 80	1·0 — 4·5	about 4·5	19·0

* Thudichum. + Hallwachs.

This table may perhaps assist you in some measure in remembering the general composition of healthy urine, and the proportion of the different constituents eliminated from the body in twenty-four hours. It is quite impossible to use this or any other table as a standard of reference, because the proportion of the urinary constituents secreted in health is very different in different individuals. Before we can judge if a man is passing too much or too little of any substance, we must ascertain his weight, and form some general idea of the activity of his vital actions when he is in a state of health. For instance, the statement that a patient is passing daily about 150 grains of urea indicates nothing; for a small woman in good health weighing much less than 100 lbs. secretes daily even less than this; but if this amount only were excreted by a tall, strong, active, healthy man, weighing 170 lbs. or more, it would indicate a very serious condition, and we should at once know from this fact alone that he was in the greatest danger. The secreting structure of his kidneys must be temporarily or permanently affected, and, unless relief be afforded very soon, death must result from the accumulation of excrementitious substances in the blood.* Some observers calculate the quantity of solids of the urine, etc., which should be excreted for every pound of the individual's weight; but it is perhaps simpler to state the total weight of the person only, as just mentioned. If, therefore, you propose to conduct any series of researches upon the proportion of substances excreted in the urine, in health or disease, you must weigh the individual; and you must carefully ascertain the amount of ingesta; and the quantity of excrementitious substances generally, including the sweat, if possible, must be estimated. Again, you will see how very little information you can gain from learning the composition of a given quantity of urine, without knowing the proportion excreted in the twenty-four hours. There is very much to be made out by carefully conducting series of researches of this kind in the cases of patients suffering from various acute affections; and, since the introduction of the volumetric process of analysis, which I shall describe in a future lecture, we have had great facilities for conducting such inquiries.

In the next lecture I propose to commence the consideration of the second part of my subject—*morbid urine*. It is not an easy task to define in few words exactly what is comprised in the term *morbid urine;* and I shall, therefore, not offer an exact definition, but merely draw a general distinction between *healthy urine*, in which the proper amount of all the constituents, relatively and absolutely, exists, and *morbid urine*, in which there is too much or too little of one or more of the substances occurring in health, or certain constituents are present which do not exist in the healthy secretion at all.

* In many cases, the most valuable information bearing upon the progress of the case may be gained by the simple process of weighing the patient, which is too seldom adopted. All our hospitals and public institutions ought to be furnished with weighing machines. How often in the course of many diseases one desires to know simply if the patient has gained or lost in weight? The weighing machines which I have seen at present in use are very expensive, and not accurate. A good simple apparatus, which can be made for a moderate sum, is much required. I have just heard that Messrs. Weiss are constructing an improved apparatus suitable for the practitioner.

Transactions of Branches.

CORNWALL MEDICAL SOCIETY.

PRESIDENT'S ADDRESS.

By CHARLES BARHAM, M.B., Truro.

[*Delivered July 19th*, 1859.]

[DR. BARHAM, for himself and other professional gentlemen of Truro, expressed a hearty welcome to their visitors from other parts of the county; and then he spoke of objects of professional and general interest in Truro, which might possibly engage the visitors' attention, if they could sufficiently prolong their stay. In the first place, he mentioned the County Infirmary, the oldest institution of the kind in Cornwall, and which, formed about the end of the last century, had gradually been extended until now it contained about sixty beds, all which were generally occupied. If any of their professional friends from other parts of the county should remain in Truro till the following (Wednesday) morning, that being the day for receiving patients, the Infirmary staff would be glad to show them what he believed they would admit was a very comfortable and well arranged hospital. There was also in the town a very good and effective Dispensary. And in the building wherein they had now assembled there was a Museum, which was perhaps unsurpassed by that of any provincial town of equal size with Truro, for the value of the collections themselves, and for their favourable arrangement either for study or for casual inspection. This institution was largely indebted

to his friend on his left, Mr. Couch, whose reputation as a scientific naturalist was known to all the world. In former years, Mr. Couch laboured for the benefit of this institution, in the formation of a "Cornish Fauna", which was at the same time illustrative of the contents of this museum, and, in this respect, he believed it was unique in kind. The first two numbers of this "Cornish Fauna" were edited and written by Mr. Couch's father, Mr. Jonathan Couch; and the last and largest number, on Calcareous Corallines, was written by Mr. Couch himself. The peculiarity of the whole work was, that while it formed a complete catalogue of the natural history of Cornwall, it made reference, by means of asterisks, to specimens in the museum. He was not aware that in any collection there was such a true *catalogue raisonné* as this, which enabled a student to follow step by step in the museum the various links of natural history represented there, whilst at the same time it furnished information of the links still wanting; and for this, the institution was indebted to Mr. Couch and his father. The museum was also very rich in mineralogy and antiquities, and it contained a very splendid collection illustrative of the natural history of the East Indies, for which it was chiefly indebted to a native of this neighbourhood, Colonel Jenkins, who had been for many years superintendent of the Province of Assam. In this Institution, too, there had been produced, in the fields of science and antiquities, a variety of communications which had been put together in three substantial volumes; in which were also stored up many very interesting articles connected with natural history and vital statistics. He then proceeded:]

You will, I think, be of opinion that the chief objects of the periodical meetings of medical men are, the promotion of unity of professional feeling and action; the fostering a high sense of professional honour—a genuine *esprit de corps*; and the discussion of matters of medical polity. Our holidays are too few and brief to be spent in listening to essays which might almost as well be read in an easy chair at home; and this has appeared to me dull work, even at the annual gatherings of the British Medical Association, compared with the renewal of the friendships of early days, the formation of new intimacies, the personal knowledge of eminent men, and the rapid interchange of thought and argument, the chief advantage as well as charm of *viva voce* debate, which make these meetings so delightful to the feeling, and so refreshing to the intellect. The occasion may no doubt be well employed in giving those who live at a distance from the great medical centres, and to those who have anything to show, the opportunity of seeing or exhibiting what is new in design or application; and novelties in pathology and treatment must always be welcome, as well as remarkable cases, pithily narrated.

Under these impressions, I have not exerted myself to purvey any elaborate communications. Some short notices will be submitted; and others, relating operations of much interest, would have been added but for the untimely loss of our lamented friend, Mr. Spry. He had intended to lend his cordial aid to the profit of our meeting, and his genial spirit would have added much to its social enjoyment. Those who knew him will regard his death as a loss to the profession, as well as to the public; for it is clearly of advantage to the former as well as to the latter, to have, within easy reach, an authority in whom both feel confidence, both as to honour and skill, to whom reference may be had in cases of doubt or difficulty. My own first acquaintance with Mr. Spry is mixed with the recollections of student days. Just thirty-three years ago, he came, in company with a still earlier friend of mine, Mr. Coulson, from Berlin, where they had been completing their preparation for practice, to Paris, where I was staying on the like errand. These companions both achieved eminence in their respective spheres, and both have done honour to this their native county. I then noted in Mr. Spry the qualities of mind and character on which his success was based. Nature had marked him out for a surgeon. His perception was prompt and accurate; his mind inclined to positive knowledge, and retentive of facts; his judgment ready and decided; his will firm; his hand dexterous and neat. He also possessed, like many distinguished operators, a fine and commanding person. It was about ten years later, when, settling, as he had done, in this our native town, I met him again, and our intimacy became established; and each year of the long intervening period has added to my high estimate of his professional and public merits, and to my regard for him as a private friend. In the course of a very busy life, Mr. Spry had contributed more than fully employed provincial practitioners generally do to the records of the profession; and in the maturity of his judgment and experience, much might have been looked for from the stores which his methodical habit of taking ample notes had accumulated. But I must not write an obituary, though less I could not say in justice to his memory or to myself.

To-day, you will agree with me, our time must be principally, and cannot be better, employed than in considering and settling what shall be the future constitution of our Society. When I was invited last year by Dr. Littleton to co-operate in its formation, and to take my turn as its president, I expressed my readiness to assist, as far as I could, any well digested plan for the establishment of an efficient Medical Society in Cornwall, provided it was so constituted as to be part and parcel of the British Medical Association. To this I was attached as one of its early members, but much more so, because I had witnessed its gradual development as the only voluntary combination of the whole profession, and had seen it ultimately embrace the three kingdoms. It appeared to me then, and it appears to me now, that to be simply a Branch of that Association, is at once the easiest, and the best mode of existence for a local Society. The advantages of complete union with the parent stem are, in fact, equivalent to those of the connection of the Branches of a tree with its trunk and roots. The JOURNAL is the sap, which flows through and maintains the vitality and growth of all alike. With this persuasion, I have always strongly urged all my professional friends to become members of the British Association. It is possible that some regulation may be made by the General Council, at the annual meeting next week, for the admission of members at a lower subscription, who may not wish to receive the JOURNAL and other publications; but whether this be done or not, I would suggest for your consideration that it would be advisable to make the membership of the Association a necessary preliminary to that of our Society. Next comes an important question for our discussion. Is there any necessity or advantage in our complete severance from the South-Western Branch? I have, indeed, felt, in times past, the difficulty of attending meetings generally held in Devon; but that is in great measure obviated by the opening of the Cornwall Railway; and I cannot but think that when once a medical man in the west has resolved to treat himself to a holiday, it will be better worth his while to make an excursion to Torquay, as he would have done a few weeks since, or to Plymouth, as he would do next year, where he would find a large muster of the profession, than to limit his trip to his home circuit. The South-Western Branch, which has always consisted exclusively of members of the General Association, has been worked without any charge beyond the regular guinea subscription; and nothing more is expected by the central body. It would be perfectly competent to the Cornish members, to hold quarterly, or other meetings, in such districts as they chose; following, if it were thought well, the scheme laid down in our proposed regulations. It should also be borne in mind that Cornwall will take its turn in the selection of the places in which the annual meetings would be held. It is now twelve years since such a gathering of the South-Western Branch took place in this town. I had then the honour of being its president, and many friends from the adjoining county paid us a flying visit, a pleasant one, I have reason to believe, to them as to us. No doubt, had the number of Cornishmen increased on the list of members, instead of lessening, they would again have assembled west of the Tamar ere this; and the increased facility of intercourse now existing, by water as well as land, would establish the claim of Cornwall to have the Branch convened within its limits at least at intervals of five or six years, would the county but furnish, as it certainly ought to do, some thirty or forty members to the British Medical Association.

[Dr. Barham said it might, perhaps, be expected that he should make some allusion to the great medical event of the past year, the passing of the Medical Act; but he considered that that Act was now so much on its trial that he was not disposed to say much about it. It appeared to him valuable principally as a means of putting a stop to what might justly enough be called the cabal which had been existing and fermenting during the last twenty or thirty years—a sort of Medical Reform Agitation that was profitable neither for the purposes of science, nor for the amenities of private intercourse. It was provoking, however, to find that one of the earliest results of that Act was that their canny friends in Scotland should take advantage of the market, and endeavour to disturb the existing grades of the profession, by the wholesale manufacture of physicians at £10 a head. With regard to that Act generally, they could very well abide another twelvemonth, and then, at their next year's meeting, discuss its merits. It was very clear that neither the Central

Medical Council, nor either of the Councils for Scotland and Ireland, knew very well at present what would be the effect of that Act. But certainly, by defining the legal status of the practitioner, it afforded facilities for reducing the guerilla force around them—the poachers on their preserves. In that way the Act would be useful, by the test which it had provided for the exclusion of interlopers. The other day, in this neighbourhood, that Act was not applied, because the common law was found more effectual for the purpose; but he was glad to have been able to bring a most notorious quack to condign punishment, who was now reflecting on his misdeeds in Bodmin gaol; and, as he (Dr. Barham) hoped, with salutary effect on his own mind and on his compeers. With regard to the more scientific part of their proceedings, Dr. Barham said there would, by and by, be exhibited some illustrative examples of a particular condition of disordered blood, produced by circumstances under which the patients had laboured as miners in the tropical climates of Columbia and Cuba; but as the patients had far advanced in process of cure, the specimens were not so characteristic as they were a short time since. He had placed on the wall various pictorial representations of the variety of climates in Cornwall; he thought they would be regarded with interest, and that one of the best things which the medical men of this county could do professionally, was to endeavour to turn its climate to account. This county possessed such peculiarities and varieties of climate, that he had no doubt it would be much more resorted to than it had been for sanitary and curative purposes.]

LETTERS AND COMMUNICATIONS.

Letters or communications for the Journal should be addressed to Dr. Wynter, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the Journal, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

A List of the Members of the British Medical Association will shortly be published in the Journal. Gentlemen whose designations or addresses, as given in the lists published on July 24th and October 9th, 1858, and June 18th, 1859, are inaccurate, will oblige by at once forwarding the necessary corrections to Dr. Williams, Worcester, or Dr. Henry, 37, Great Queen Street, London, W.C.

British Medical Journal.

SATURDAY, AUGUST 20th, 1859.

PURIFICATION OF THE SERPENTINE.

The hot dispute still going on in the pages of the *Times*, as to the best method of supplying the Serpentine lake with a regular and ample supply of pure water, in place of the turbid mass of slush, green with confervoid growth, is a testimony to the interest the public is beginning to take in sanitary matters. When St. James's Park was a mere Dutch canal, and Rosamond's pond a stagnant pool, how the old world of bagwigs and hooped petticoats of the period would have stared if a tenth part of the fuss had been kept up respecting the nuisances that we now make about a state of things, which, with all its shortcomings, must be purity itself compared with what once existed in the same locality. Little straws of this kind show in a very clear manner the advance public opinion has made in the all important science of public hygiene. The ingenuity of the contractors, who would do the work of purification for us, or of those who are appointed to do it, are so conflicting and so positive, that we, in common with the public, have felt a little puzzled to get at the real truth. Messrs. Easton, Amos, and Sons, who gave us a crystal lake in St. James's Park, in place of a filthy duck-pond, seemed to have some justice on their side in the attack they made upon what has been termed the "new-fangled" scheme of Mr. Hawksley, the engineer deputed by the Government to filter the lake; but there are two sides to a tale, and we are bound to confess that, in our opinion, the latter gentleman's rejoinder in Thursday's *Times* is at least conclusive as to the total uselessness of the contractor's scheme, which, so far from promising to raise the condition of the Serpentine to that of its sister lake in St. James's Park, threatens to reduce both to their former condition, and the ornamental water of the Queen's palace into the bargain. At present, the St. James's Park lake and the Buckingham Palace lake are supplied with pure water from a pump in Duck Island, situated in the former lake; but Messrs. Amos now propose to increase the supply from that source, conduct it to the head of the Serpentine, and there discharge it. From this point the water, after bathing 120,000 bathers, and, of course, becoming foul from a hundred causes, is in two months to circulate to its overflow; and, the utmost amount of pollution being perfected, it is then to be conducted into the St. James's Park to *Her Majesty's gardens*. We confess that we were not prepared to find any contractor hardy enough to serve up the slops of 120,000 very dirty little boys as a mess "to put before the Queen."

Mr. Hawksley's plan is certainly a great improvement upon this abominable scheme; and, as we believe that he is quite correct in stating that the chief, if not the only impurity of the Serpentine, is the confervoid vegetation to be found in it in common with all stagnant water, in our opinion his filtering scheme is not only a perfectly practical one, calculated to render the lake clear and pure, but the cascade itself from which the water will fall from the filtering-beds at the head of the Serpentine, now a pestiferous marsh, will prove a very beautiful object. Really, we cannot comprehend the sneers that have been indulged in by some scribblers in the *Times*, with respect to the proposed concealment of the filtering-beds in an Italian garden. It really seems as though any attempt at ornamentation in this country is still considered beneath the notice of rude and bungling Britishers.

So far, then, we think Mr. Fitzroy has done well in supporting the scheme of his engineer against all comers; but we see no reason why, in addition to filtering the water, the bed of the Serpentine should not have been levelled, and the deposit of sand covered with concrete. We feel convinced that the House would cheerfully have voted a sum sufficient to make the scheme of improvement complete. The First Commissioner of Woods and Forests, in inviting crowds of young children to bathe in these waters, full of pitfalls, and highly dangerous on account of the entangling weeds, is in a measure responsible for the numerous fatal accidents which take place. It is his duty, therefore, to remove this danger; and we hope that it is not yet too late to do so.

THE WEEK.

As we anticipated last week, the Colleges of Physicians and Surgeons of London have determined to form a joint board for the examination and licensing of the future general practitioners of this country. We greatly rejoice to find that the two

Colleges have at length come to an agreement on a matter which promises so materially to improve the status of the great mass of our medical men. There can, we suppose, be no doubt that, immediately the agreement comes into operation, the duties of the Apothecaries' Company, as a medical licensing body, will cease. In retiring from the official position which they have so long and so honourably occupied, this corporation will carry with them the pleasing reflection that they were the first among the examining bodies of England to raise the standard of medical education; and it cannot be denied that the curriculum of study for the Hall, as it has stood of late, is of a very high order, and well calculated to fill the ranks of the profession with educated English gentlemen, as well as with sound practitioners of medicine.

With every desire to mark our appreciation of the valuable services of the London Medical Registration, we are nevertheless prevented, by the demands on our limited space, from giving a full report of the proceedings of a deputation of the Association which waited on the Medical Council on the 10th instant, as well as of one which had an audience of the Under-Secretary of State for the Home Department on the following day. The omission of the former report, however, is of less importance, inasmuch as the pith of it is contained in a report of a Committee of the Medical Council which is published at p. 675; and which proves the presence of a wish on the part of the Medical Council, to accept in the most courteous manner the aid offered to them. It is most satisfactory to find that there is every prospect of harmonious cooperation between the Medical Council and the Registration Association, if we may judge from the expressions said to have been used by the chairman of the Committee. "The Medical Council," he said, "were sensible of the great advantages which had accrued from the exertions of the London Medical Registration Association, and hoped that the latter would go on with its labours." The original object of the deputation to the Home Secretary was to confer on the subject of the Medical Act, and on the manner in which its provisions are carried out. The result of the previous interview with the Medical Council, however, rendered it unnecessary for the deputation to offer any remarks on several of the topics which they had intended to bring forward. They therefore confined themselves to conferring on the conflicting decisions of the magistrates in some recent cases; on the advisability of compelling the Medical Council to prosecute illegal practitioners; and on the due transference to the Medical Council of penalties recovered under the Medical Act. In respect of the last particular, an unexpected controversy had arisen. In the prosecution of Nunn, the self-styled "surgeon"-dentist, at Lambeth Police Court lately, a penalty of £2 was enforced, in addition to costs. The whole had been paid into court; but while the costs incurred in the prosecution had been paid over, so far as the Association was concerned, the penalty was retained by the police receiver, under clause 47 of the Police Act, in contravention of clause 42 of the new Medical Act. Dr. Ladd stated that he had called at the police office, at Lambeth, for the payment of the costs and of the penalty, for the purpose of its being handed over to the Medical Council. The costs were paid; the penalty was refused, except on condition of the case of right to the penalty being argued by a legal adviser before the magistrate. After the subject had been discussed, the Under Secretary (Mr. Clive, M.P.) who had received the deputation in the absence of Sir G. C. Lewis, said that the Secretary of State would interfere in directing to whom the penalties, recovered on account of illegal practice, ought to be paid; and he (Mr. Clive) would immediately communicate with Mr. Ray, the receiver of police, on the subject, which the deputation might consider as settled, and they should hear from him shortly on the subject.

The reports of some more prosecutions for illegal practice have reached us, in addition to those we have already noticed. One of the cases was tried at Llandisilio, at the instance of the Salopian Medico-Ethical Society, which is in course of amalgamation with the British Medical Association. The defendant, a Mr. J. F. Eyeley, was proved to have signed registrar's certificates of the cause of death in two cases, styling himself in each "assistant-surgeon." The defence set up was, that he was acting only as an assistant. On the understanding that the defendant would discontinue his practice, he was fined only 1*s.*, and 19*s.* 6*d.* costs. In another case, an action was brought by the Manchester Medico-Ethical Association against a Mr. Joseph Healey, for having on his door the word "surgeon," he being unregistered. The defendant pleaded authority to practise as a surgeon on a diploma of licentiate-accoucheur of the Dublin University. On his agreeing to remove the word "surgeon" from the door, the case was not proceeded with. In another case also brought forward by the Manchester Association, Mr. W. Andrew was charged with having the word "apothecary" over his shop-window. He pleaded that the word was there when he took the shop; and on his undertaking to remove it, the case was dismissed.

The cry of cholera, raised by our contemporary the *Lancet*, appears to have been a false alarm; at all events, we have heard nothing more of the grave visitant. It appears, however, that in the north of Germany the epidemic is spreading, and that the authorities are doing all they can to add alarm, and thus find further matter for the disease to feed upon. In Schwerin, a notification has been published to the effect that the funerals of victims are to take place as quickly as possible, early in the morning or late in the evening, without bells or hymns, and the relations are forbidden to follow, "on account of the well-known infectious nature of the exhalations from the body!" The sanitarian schoolmaster is clearly not abroad. Why do they not send round the dead-cart at once?

At the time of our going to press, the trial of Thomas Smethurst, for the murder of Isabella Banks, which has occupied four days of the present week, is being brought to a conclusion. The principal points urged in the defence have been the absence of poison in the body of the deceased; the presence of arsenic in the nitrate of bismuth, which the deceased had taken as medicine; the error of Dr. Taylor in regard to the chlorate of potash mixture; and the occasional occurrence in pregnant females of symptoms accurately resembling those which the deceased had. In our next number, we shall give an analysis of the evidence on both sides in this remarkable trial.

THE MEDICAL COUNCIL.

MINUTES OF MEETING.

Wednesday, August 10th, 1859.

Royal College of Surgeons of England, London.

Sir B. C. Brodie, Bart., *President*, took the Chair at 2 P.M.

Present:—Dr. Thomas Watson, Mr. Green, Mr. Nussey, Dr. Acland, Dr. Embleton, Dr. Bond, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Dr. James Watson, Mr. Syme, Dr. A. Smith, Dr. Williams, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Bart., Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Christison, Dr. Stokes; Dr. Hawkins, *Registrar*.

The minutes of the last meeting were read and confirmed.

1. The Report of the Committee on Education was taken into consideration.

Moved by Dr. Storrar, and seconded by Dr. Stokes—

"That the Report be adopted generally by the Council, and that it be discussed clause by clause."

Amendment moved by Dr. Thomas Watson, and seconded by Mr. Syme—

"That the report of the Committee be received, and that the Committee be requested to put it into such form as they consider desirable for its circulation among the bodies named in schedule (A), and to produce the report so prepared to-morrow, at the General Council."

Votes taken, and amendment carried.

2. Dr. Alexander Wood presented the following report of the Committee appointed on the case of Henry Scott, and for conference with the London Medical Registration Association.

REPORT.

I. *Case of Henry Scott.* The Committee has laid before counsel an opinion on this case for advice, but his opinion has not yet been received. The Committee beg to recommend that if the opinion comes in time it should be at once taken up by the Council; and if it does not it should be referred to the executive Committee.

II. *Conference with London Registration Association.* The Committee have to report that they received a deputation, consisting of ten members of the London Medical Registration Association; that several of the gentlemen addressed the Committee, and that they have since, on the suggestion of the Committee, handed in a written statement containing an expression of their views. This document the Committee beg leave to lay on the table, but they do not think it necessary to occupy the time of the Council by reading it, as the principal point to which it refers will be commented on in the report.

III. *Method of Entering Names in the Register.* The deputation complained of various inaccuracies in the Register. As far as the Committee can judge, these inaccuracies appear to consist chiefly of clerical or typographical errors. The Committee suggested to the deputation that a list of these should be furnished to the Registrar for the correction of the next issue. In regard to the suggestions made by the deputation for additional checks on the entrance of names on the Register, your Committee are of opinion that the Council are not entitled to exercise greater stringency than the Act of Parliament sanctions them in doing. The Act clearly affords liberty for entrance on the Register in any one of the three following ways:—1st. Production to the Registrar of the Branch Council of the document conferring or evidencing the qualification. 2nd. Transmission, by post, to such Registrar, of information of his name and address, and evidence of the qualification or qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were obtained. 3rd. A liberty is given to the several Colleges and Bodies mentioned in schedule (A) to transmit certified lists of the persons who, in respect of qualifications granted by such Colleges, are qualified for registration under the Act; and all persons in such lists may be admitted to the Register without the production of any other evidence. The Committee are of opinion that the penalties imposed by the Act form the only check that can be looked for on registration by false pretences; but that it would facilitate the detection, and therefore the prevention of such attempts, were the Council to pass the following enactment:—That during the first week of each month, the Registrars for Scotland, England, and Ireland, be instructed to publish, from time to time, as the Branch Councils may direct, the names, addresses, and qualifications entered in their local Register during the preceding month.

IV. *Method of Keeping the Register.* The Committee are sorry to be obliged to report that there is too much reason for the complaint that the Register has not been kept as it should have been, and of this the Council were aware before it was brought under the notice of the Committee by the deputation. The Registrar explains that the hurry and bustle attendant on the first registration prevented due attention being paid to this important department. The Committee beg to recommend that the General Council do now, in conformity with section XVI of the Act, make the following Orders for Regulating the Registers:—

Orders. No. 1. That where any person entitled to be registered under the Medical Act applies to the Registrar of any of the Branch Councils for that purpose, such Registrar shall forthwith enter in a local Register, in the form set forth in schedule D to the Act, or to the like effect, to be kept by him for that purpose, the name, and place of residence, and the qualification, or several qualifications, in respect of which the person is so entitled, and shall affix to such entry in the Register the date at which it was made. No. 2. That the Registrar of each Branch Council shall, within two clear days (Sundays excepted) after he has received notice of any alteration in the addresses or qualifications of persons registered under the Act, or legal evidence of the death of any registered practitioner, cause such changes to be made in the Register, or the name of such registered practitioner who has died to be erased from the Register. No. 3. That the Registrars of the Branch Councils for Scotland and Ireland shall keep an alphabetical list of those registered, and shall, on entering a name in the local Register, enter it forthwith also in its own place in the alphabetical list. No. 4. That, as provided by the Act (section XXV), in the case of the Registrar for Scotland or Ireland, he shall, with all convenient speed, send to the Registrar of the General Council, certified under his hand, a copy of all the entries or changes so made in the local Register. No. 5. That the general Registrar shall forthwith cause such entries in the Branch Registers to be made in a list kept by him. No. 6. That the general Registrar shall also keep, as directed by the Act, the general Register in alphabetical order, and shall, on receiving any additional name, forthwith enter it in such general Register. No. 7. That each page of these Registers and lists shall be verified by the signature of the Registrar.

V. *Price of Register.* The deputation brought this subject under the attention of the Committee, and were informed of the reduction of price already decided on by the General Council.

VI. *Prosecutions by General Council.* The importance of this was strongly pressed on the attention of the Committee, who replied by directing attention to the resolutions already come to by the Council.

Moved by Dr. Smith, seconded by Sir Charles Hastings, and agreed to—

"That the foregoing report be received and adopted."

2. Moved by Dr. Alexander Wood, seconded by Sir Charles Hastings, and agreed to—

"That the Council, in conformity with clause XVI of the Medical Act, make the Orders recommended in the foregoing report, Nos. 1, 2, 3, 4, 5, 6, and 7, for regulating the Registers to be kept under the Act."

3. Dr. Corrigan presented the following report—

REPORT.

The Committee appointed to report upon the communication from the Poor-Law Board beg to report as follows:—

The communication states that the "important question" upon which the Poor-Law Board desires information is, "What is the exact extent and nature of the qualification which is obtained by the degrees or licences conferred by the several bodies which have made their application to the Board." That "the Board do not possess any authoritative information on the subject which they can act upon, and they therefore request to be informed by the General Medical Council how far the degrees or licences of the several bodies by whom memorials have been addressed to the Board confer respectively the right of practising medicine or surgery, or medicine and surgery, and an evidence that the persons to whom they are granted have obtained a competent knowledge of either, or both, of those branches of the profession." The several Bodies referred to as having presented memorials are—The University of Edinburgh, Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, University of Glasgow, Faculty of Physicians

and Surgeons of Glasgow, Marischal College and University of Aberdeen, King's College and University of Aberdeen, Royal College of Surgeons of Ireland, University of London, and Medical Protection Association of Cork; which last named body not being a licensing body, does not come within the scope of the inquiry.

The question put by the Poor-Law Board consists of two parts—1st. How far the degrees or licences of the several Bodies above enumerated confer respectively the right of practising medicine or surgery, or medicine and surgery? and 2nd. How far the above qualifications are evidence that the persons to whom they are granted have attained a competent knowledge of either, or both, of those branches of the profession?

With reference to the first part of the question, the Committee deem it only necessary to observe that in the words of clause xxxi of the Medical Act, "Every person registered under this Act shall be entitled according to his qualification or qualifications to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, etc.," and that the qualifications conferred by the several Bodies above enumerated, appear to the Committee to be as follows:—

University of Edinburgh	Degree in Medicine.
Royal College of Physicians of Edinburgh	Licence in Medicine.
Royal College of Surgeons of Edinburgh	Licence in Surgery.
University of Glasgow	Degree in Medicine, Master in Surgery.
Faculty of Physicians and Surgeons of Glasgow	Licence in Surgery.
Marischal College and University of Aberdeen	Degree in Medicine.
King's College, Aberdeen	Degree in Medicine.
Royal College of Surgeons of Ireland	Licence in Surgery.
University of London	Degree in Medicine.

The second part of the question is, how far the above qualifications are evidence that the persons to whom they are granted have attained a competent knowledge of either, or both, of those branches of the profession? In reference to this, the Committee desire to observe that the several Bodies above enumerated are Universities or Corporations legally entitled to grant degrees or licences in medicine or surgery, or in both; that their curricula require an education in all the important branches of the profession; and that it is the opinion of the Committee that a perfect equality of privileges should be maintained throughout the United Kingdom.

D. J. Corrigan, *Chairman.*

5. Moved by Mr. Teale, and seconded by Dr. Embleton—

"That the report of the Committee appointed to report upon the communication from the Poor-Law Board be adopted."

Amendment moved by Dr. Williams, and seconded by Dr. Alexander Wood—

"That the report be adopted, with the addition after the word 'privileges,' in the last line but one, of the words, 'among the graduates and licentiates of the bodies above enumerated, according to their several qualifications.'"

Votes taken, amendment carried.

4. Mr. Nussey presented the report of the Finance Committee.

Moved by Mr. Nussey, seconded by Dr. Smith, and agreed to—

"That the report of the Finance Committee be received, and referred respectively to the Executive Committee and Branch Council for England, for the purpose of being carried out according to the recommendations contained therein."

5. Moved by Sir Charles Hastings, seconded by Dr. Alexander Wood, and agreed to—

"That it is expedient that the proceedings of the Council be recorded in writing, in a book to be kept for that purpose."

6. Moved by Dr. Acland, seconded by Mr. Teale, and agreed to—

"That whenever a Branch Council shall refer to the General Council the name of any person which it is deemed desirable to remove from the Register, the Registrar of the General Council shall be authorised to obtain the opinion of counsel on the facts and bearings of the case before it is submitted to the General Council; and that such opinion of counsel shall accompany the statement of the case when it is brought before the General Council."

7. A copy was presented of the regulations of the Royal College of Physicians of Edinburgh, regarding its licence, with certain corrections rendered necessary by an agreement entered into by the College with the Royal College of Surgeons of Edinburgh, since the date of the passing of the regulations. The foregoing regulations were referred to the Education Committee.

8. The following paper was read, which had been presented by the Royal College of Physicians of London.

At a meeting of the Royal College of Physicians of London, held on Monday, August 8th, 1859, it was resolved—1. That any person who shall have satisfied the College touching the sufficiency of his acquirements in general science and literature, and given proof under examination of his proficiency in the science and practice of medicine and midwifery, and who shall have complied with such other regulations as are, or shall be required by the bye-laws of the corporation, may receive a license to practise physic. 2. That no person so licensed be empowered to vend, compound, or dispense any medicines except for patients under his own medical care. 3. That every candidate be required to furnish proof that he has attained the age of twenty-one years. 4. That the preceding resolutions be submitted to the Medical Council, with an expression of the desire of this College to render these resolutions available for co-operation with the College of Surgeons in the licensing of general practitioners.

9. The following letter was read, which had been referred to the General Council by the Scottish Branch Council.

"Portree House, Fence Houses, Durham, June 28th, 1859.

"Sir,—I am a licentiate of your faculty, and passed in 1852. This day I performed a *post mortem* examination, and gave evidence at an inquest, for which services the Coroner informed me I was entitled to a fee of only one guinea, instead of two, which is the usual fee, because I was not a member of the English College of Surgeons. He said, 'You are legally qualified to practise, but not to perform a *post mortem* examination, not being qualified in England'; therefore, that I was entitled only to the fee allowed a medical witness in giving ordinary evidence, viz., one guinea. On former occasions I repeatedly received two guineas for similar services. Will you have the kindness to let me know whether I can recover the full amount?

"I am, sir, yours respectfully,

Duncan Matheson.

"J. Watson, Esq., M.D."

Moved by Dr. James Watson, seconded by Dr. Embleton, and agreed to—

"That the Registrar be instructed to direct the attention of Mr. Matheson to section xxxi of the Medical Act, in reference to his letter, referred by Branch Council of Scotland to General Council."

Confirmed—James Clark.

Thursday, August 11th, 1859.

Royal College of Surgeons of England, London:

In the absence of the President, Sir James Clark, Bart., was called to the Chair at Two o'clock, P.M.

Present:—The same members as on the previous day, except Dr. Thomas Watson.

The minutes of the last meeting were read and confirmed.

The opinion of counsel was read, respecting the 27th and 29th sections of the Medical Act.

1. Moved by Mr. Teale, seconded by Dr. Alexander Wood, and agreed to—

"That the name of Richard Organ be erased from the Register, in accordance with the provisions of Clauses 26 and 29 of the Medical Act."

2. Moved by Dr. Alexander Wood, seconded by Sir Chas. Hastings, and agreed to—

"That the case of Henry Scott be deferred till further legal opinion has been taken on it."

3. Moved by Dr. Acland, seconded by Dr. Andrew Wood, and agreed to—

"That the opinion of counsel respecting Sections 27 and 29 of the Medical Act be referred, as proposed by the counsel, for consultation with one of the law officers of the Crown, as the counsel may think fit."

4. Moved by Mr. Syme, seconded by Dr. Andrew Wood, and agreed to—

"That in all cases where a division has taken place, any member of the Council may require that the names of the majority and minority shall be entered on the minutes."

5. Moved by Mr. Nussey, seconded by Dr. Christison, and agreed to—

"That the Treasurers of the General Council be empowered to pay on account (from the sum of five hundred pounds,

voted last November towards the expenses of the Pharmacopœia Committee), the sum of one hundred pounds to each of the secretaries of the sub-committees of London, Edinburgh, and Dublin, in order to meet the expenses incurred, in conformity with powers devolved upon them at a meeting this day of the General Pharmacopœia Committee."

6. Dr. Christison presented the Report of the Pharmacopœia Committee.

REPORT.

The Pharmacopœia Committee of the Medical Council have to report as follows:—The Committee commenced operations near the end of December, divided themselves into three sub-committees, meeting in London, Edinburgh, and Dublin; and requested the cooperation of the Royal Colleges of Physicians, and the Pharmaceutic Society of Great Britain, who all appointed delegates to assist the sub-committees. The Committee also appointed certain gentlemen to aid them as analytic chemists, pharmaceutic chemists, and botanical referees. Many preliminary difficulties presented themselves in settling the principles of construction of the Pharmacopœia, and it was accordingly found necessary, after frequent meetings of the different sub-committees, to have a general meeting of delegates from the three Committees, which could not be held earlier than May. At this Convocation, the subject of weights and measures to be employed in pharmacy, was settled. The principles of construction of the Materia Medica List, or first part of the Pharmacopœia, were fully gone into and settled. The extent and classification of the second part, which consists of formulæ for making the preparations and compounds of the Pharmacopœia, were likewise the subject of careful consideration; but, in some points, this last matter still remains undetermined. It was also determined, at the Convocation, how the labour of constructing the Pharmacopœia should be divided among the three sub-committees. Since the Convocation met, in the beginning of May, the sub-committees have completed a considerable amount of work of detail; the list of the various articles of the Materia Medica has been agreed on and arranged, and many of the groups of the preparations are now almost completed. R. Christison, *Chairman.*

7. Moved by Dr. Acland, seconded by Dr. Storrar, and agreed to—

"That the Report of the Pharmacopœia Committee be received, and entered on the minutes."

8. Moved by Dr. Alex. Wood, seconded by Dr. Christison, and agreed to—

"That five members, resident in London, be the Executive Committee, and that their duties be:—1. To make up the annual accounts, and compute the percentage chargeable against each Branch Council. 2. To take the necessary steps for obtaining the law opinion ordered on 11th August. 3. To re-arrange the duties and salaries of the clerks. 4. To superintend the publication of the Register for 1860, as was agreed. That the Executive Committee be instructed to keep regular written minutes of their proceedings, and that these minutes be printed, and circulated to the members of Council."

9. Moved by Dr. Alexander Wood, seconded by Dr. Stokes, and agreed to—

"That the Executive Committee consist of Sir Benjamin C. Brodie, Bart., *President;* Sir James Clark, Bart., Dr. Thomas Watson, Mr. Green, and Mr. Nussey."

10. Dr. Storrar, in conformity with the resolution of Council, dated August 10th, presented the following Report from the Education Committee, in the form they consider desirable for circulation among the bodies named in Schedule (A):—

REPORT.

The General Council of Medical Registration and Education, having considered the question of education, and having referred it to a Committee to report thereon, are in a position to express their views on certain parts of the subject. It is one of great extent, and divides itself into several heads, of which the most important may be specified as follows:—

I. The Preliminary General Education.
II. The purely Professional Education.
III. The Conditions on which the higher qualifications in Medicine and Surgery should be granted.

The Council, looking at the importance and complicated nature of the question, have determined to postpone the consideration of the second and third heads. They take this course, believing that it will tend to promote the reforms indicated by the provisions and the spirit of the Act of Parliament; for time will thereby be allowed for full consideration of such important points as the assimilation, as far as may be, of the purely medical educational systems, and the providing that the higher degrees should be distinguished by corresponding academic rank, obtained by a full, and, as nearly as possible, equivalent academic education. The Council expect that by their next meeting they will be in a position to offer their views on those questions, and on others of corresponding magnitude. With these views, the Council have resolved to recommend the adoption by the various educational bodies in the United Kingdom of the following principles; and although the present proceedings must be taken as referring to a part only of the subject, the Council do not doubt that the educational bodies and licensing corporations will lend their assistance to the carrying the spirit and intention of the recommendation into effect.

The Council do not apprehend in suggesting a mininum of education, that such will, or ever can become, the only standard sought for or attained by medical students. The varied requirements of the age, to say nothing of the probable operation of the Act of Parliament, will prevent the occurrence of any such result.

The Council are of opinion that no person should enter the medical or surgical profession who has not received an education in general knowledge such as will be equal at least to that required by the national educational bodies. They believe that with the exception of a very few, though important branches of knowledge, the education and mental training of the student destined for the medical profession ought not to differ from those adopted for other professions. And therefore they are of opinion that it would be unwise and unnecessary to create any new machinery for this purpose.

The Council, however, with the view of meeting difficulties which may arise, have recommended where it is necessary the creation of special boards of examiners in arts, in connection with the licensing corporations.

They therefore call the attention of the licensing bodies to the following report from the Education Committee:—

REPORT OF EDUCATION COMMITTEE.

In presenting their report to the General Council, your Committee beg leave to make the following remarks:—

The subject of general education has chiefly engaged their attention, inasmuch as general education naturally precedes special technical training; and also because, in the opinion of your Committee, while the system of professional instruction hitherto enforced by the general licensing bodies is, perhaps, redundant rather than deficient, the provision made for the preparatory mental cultivation of a large proportion of medical students has been confessedly imperfect. In considering the subject of general education, however, your Committee have purposely abstained from entering into minute details. They are impressed with the conviction that it would be prudent to beware of proceeding too suddenly, or of attempting too much towards the remedy of a wide-spread and long-existing evil, and they also believe that it is important to leave to the general licensing bodies the responsibility of ameliorating general education, conformably to the general principles recommended by your Committee, as speedily and as effectually as may be compatible with the various circumstances in which they are respectively placed. Your Committee have endeavoured to indicate the direction rather than the precise path in which the licensing bodies should go.

It may to some appear to be a grave omission that your Committee have not specially referred to the general education of candidates for academic medical degrees; but your Committee are of opinion that this is precisely the part of the question which may be most safely postponed. On the one hand, the general educational requirement of Universities are for the most part sufficient; and if any deficiency in this respect should anywhere exist your Committee are convinced that it will be spontaneously remedied, without any special suggestion being made to that effect.

The Education Committee of the Medical Council have taken into consideration the two following resolutions of the General Council, dated August 3rd, 1859:—1. "That for the purpose of guiding the Council in coming to a determination in conformity with section 20 of the Act, respecting the sufficiency or insufficiency of the course of study and examinations of the several bodies whose regulations for their fellowships, licences, and degrees have been communicated to the Council, a committee be appointed to prepare a report, laying down a minimum of examinations, and subjects of examinations, without which no qualification will be held by the Council (section 20) such as to secure the possession by persons obtaining such

qualifications of the requisite knowledge and skill for the efficient practice of their profession; and that it be an instruction to the committee to report on the expediency, or the reverse, of this Council recommending what in their opinion would constitute a sufficient course of general and professional education. 2. That a committee be appointed to examine the returns by the different bodies included in schedule (A) to report, in regard to each of these, as to how far the course of study and examination required by each is calculated to secure the possession by persons obtaining their respective qualifications of the requisite knowledge and skill for the efficient practice of their profession, and to report to the Council. As also in regard to the most effective machinery for superintending the examinations, so as to secure that they shall conform to a standard of examinations in general and professional education considered sufficient by the Council.

The Committee have therefore given their attention—1st. To various plans that have been suggested for ensuring and testing the general education of medical students; and 2ndly—The Committee have considered and stated what conditions appear to them proper to be observed in professional examinations, even those which test the minimum qualifications for a medical practitioner, reserving their views concerning the higher degrees and qualifications to a future report."

I. *General Education and Examination.* The Committee are of opinion that it is desirable—1. That all students shall pass an examination in General Education, before they commence their professional studies. 2. That, as far as may be practicable, testimonials of proficiency granted by the National Educational Bodies, according to the following list, be accepted, with such additions as the Medical Council may from time to time think proper to make. A Degree in Arts of any University of the United Kingdom or the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council. Oxford Responsions or Moderations; Cambridge previous Examinations; Matriculation Examination of the University of London; Oxford Middle Class Examinations, Senior and Junior; Cambridge Middle Class Examinations, Senior and Junior; Durham Middle Class Senior Examination; Dublin University Entrance Examination; an Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge. 3. That the Examination on General Education be eventually left entirely to the Examining Boards of National Educational Bodies, recognised by the Medical Council. 4. That students who cannot produce any of the Testimonials referred to in the Second Resolution, be required to pass an Examination in Arts, established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the General Council; provided that such examination shall be, in every case, conducted by a Special Board of Examiners in Arts. 5. That without professing to lay down any complete scheme of General Education for persons intending to become Members of the Medical Profession, the Committee recommend that the scheme of Examination in Arts of the Licensing Bodies be as nearly as practicable similar to that of any one of the National Educational Bodies above specified. 6. That on and after October 1st, 1860, all Medical Students be required to be Registered by one of the Bodies named in Schedule (A) of the Medical Act. 7. That the list of Students Registered be closed within a week after the commencement of each Session. 8. That no student beginning Professional Study after Sept. 1861, be registered, who has not passed an Arts Examination, in conformity with Resolutions 2 and 4. 9. That the Registrar of the General Council be directed to obtain Returns of the Courses of Study and of the Examinations of the various National Educational Bodies, referred to in Resolution 2 on General Education, and that they be printed, and transmitted to the various Licensing Bodies named in Schedule (A) of the Medical Act. 10. That the age of Twenty-one be the earliest age at which any Professional Licence shall be obtained, and that four years of Professional Study be required after the Examination in General Education.

II. *Professional Examinations.* Although the Committee at present refrain from any recommendations on the subject of Professional Education, they submit the following, in relation to Professional Examinations:—1. That the Professional Examination be divided into at least two distinct parts:—that the first be not undergone until after the termination of the Second Winter Session; and the final examination not until after the termination of the Fourth Winter Session. 2. That the first Professional Examination be conducted partly in writing, and partly *viva voce;* and that such parts of it as admit of it, be made as practical and demonstrative as may be possible. 3. That the Second Examination be conducted partly in writing, partly *viva voce;* and, as far as may be convenient and practicable, clinically. 4. That the Professional Examinations be held by the several Licensing Bodies (except in special cases), at stated periods, to be publicly notified each year. 5. That regular Returns be required from the Licensing Bodies under Schedule (A), stating the number of candidates who have passed their Examinations and of those who have been rejected, and that the Examining Bodies should be invited to express their opinion on the general character of the Examinations, as to the Qualifications of the Candidates.

The Education Committee having had referred to them the Returns of Professional Education, from the several Licensing Bodies, named in Schedule (A) of the Medical Act, have considered the question, whether it is desirable to lay down one general scheme of subjects of examination, such as should be recommended as a minimum to every examining body.

The Committee are of opinion that although no power is given under the Medical Act to the Council to dictate forms and details of examination to the Licensing Bodies as to Professional Education; yet that, by Sections 18 and 20 of the Medical Act, it is the clear duty of the Council to satisfy themselves that the Licensing Bodies do conform to the intention of the Act with respect to the examination. And the Committee therefore recommend that the Council should immediately lay before the several Licensing Bodies the report which they now submit to the General Council.

Signed, on behalf of the General Medical Council,
B. C. Brodie, *President.*

Moved by Dr. Alexander Wood, and seconded by Dr. Embleton—

"That the Report of the Committee on Education be adopted, and that twenty copies be sent to each member of the General Council."

11. Amendment moved by Dr. Corrigan, and seconded by Dr. Smith—

"That copies of the Report of the Education Committee be forwarded to the several bodies enumerated in Schedule (A), with the object of obtaining their views upon the two subjects of General and Professional Education."

Votes taken; amendment negatived. Motion put, and carried.

12. Moved by Mr. Nussey, seconded by Sir Chas. Hastings, and agreed to—

"That the best thanks of this Council are eminently due, and are hereby offered, to the Council of the Royal College of Surgeons, for their obliging and courteous accommodation during the present Session of the Medical Council."

Confirmed—Joseph Henry Green.

Mr. Green took the Chair at Six o'clock, P.M., on the same day.

Present:—The same members as at the preceding meeting.

The minutes of the last meeting were read and confirmed.

Association Intelligence.

CORNWALL MEDICAL SOCIETY: ANNUAL MEETING.

The annual meeting of the Cornwall Medical Society was held on July 19th, at the Royal Institution, Truro: Charles Barham, M.B., President, in the Chair. There were also present: R. Q. Couch, Esq. (Penzance), and T. Littleton, M.B. (Saltash), Secretaries; H. Andrew, Esq. (Truro); J. P. Berryman, Esq. (St. Austell); J. L. Clark, Esq. (Saltash); S. T. Fox, Esq. (Falmouth); James Jago, M.B. (Truro); R. W. P. Kerswill, Esq. (St. Germans); R. M'Manus, Esq. (St. Austell); A. Paull, Esq. (Truro); Charles Row, Esq. (Lostwithiel); J. M. Sellors, M.B. (Calstock); Joseph Stephens, Esq. (Grampound); P. Vincent, Esq. (Grampound); J. Way, M.B. (St. Austell); and H. T. Woodd, Esq. (Sandhill, Calstock). John Kempthorne, Esq., of Callington, the President for the past year, was prevented from attending by his duties at Bodmin, as surgeon of the Royal Cornwall Rangers militia; and letters explanatory of absence were read from the following gentlemen: A. Berryman, Esq. (Penzance); T. Hutchinson, Esq. (Camborne); J. Montgomery, M.D. (Penzance); J. B. Montgomery, M.D. (Penzance); W. Pace, Esq. (St.

Blazey); J. R. Quick, Esq. (St. Just); H. Sargent, M.D. (Lewannick); W. W. Tayler, Esq. (Tywardreath); and A. Wade, Esq. (Boscastle.)

Dr. BARHAM, on taking the chair, delivered an address, which is published at p. 671.

ELECTION OF OFFICERS.

R. W. P. KERSWILL, Esq., of St. Germans, was chosen President-elect; and Liskeard was selected as the place for the next annual meeting. The two Secretaries were re-elected; and the appointment of a Treasurer was postponed until the result of possible arrangements with the South Western Branch be known—Dr. Littleton consenting to perform the duties of Treasurer meanwhile.

NEW MEMBERS OF THE SOCIETY.

The following gentlemen were elected members of the Cornwall Medical Society: W. H. Box, Esq. (Looe); S. T. Fox, Esq. (Falmouth); T. Hutchinson, Esq. (Camborne); R. M'Manus, Esq. (St. Austell); W. T. A. Pattison, Esq. (Looe); A. Prideaux, Esq. (Liskeard); P. Vincent, Esq. (Camborne); and J. Way, M.B. (St. Austell.)

COUNCIL.

The following gentlemen were elected members of the Council for West Cornwall: S. T. Fox, Esq. (Falmouth); J. Montgomery, M.D. (Penzance); A. Paull, Esq. (Truro); and P. Vincent, Esq. (Camborne.)

NEW MEMBERS OF THE ASSOCIATION.

The following names were included in lists, furnished by Dr. Barham and Dr. Littleton, of gentlemen duly recommended as members of the British Medical Association: viz., J. P. Berryman, Esq. (St. Austell); A. A. Davis, Esq. (Fowey); A. Gaved, Esq. (St. Mabyn, Bodmin); R. M'Manus, Esq. (St. Austell); W. P. A. Pattison, Esq. (East Looe); Wm. Pearce, Esq. (St. Judy, Bodmin); J. M. Sellors, M.B. (Calstock); P. Vincent, Esq. (Camborne); H. T. Woode, Esq. (Sandhill, Calstock).

CONNECTION OF THE SOCIETY WITH THE BRITISH MEDICAL ASSOCIATION.

Dr. LITTLETON read the following letter which he had received from the Secretary of the British Medical Association:—

"Worcester, April 18th, 1859.

"MY DEAR SIR,—The amalgamation of the Cornwall Medical Society with the British Medical Association would afford the Council much pleasure, and they trust that the union may be feasible. There appears to be only one difficulty; namely, that all your members may not be willing to pay the annual guinea to the British Medical Association, in addition to their subscription to your society. This would be undesirable, inasmuch as such members would nominally belong to us and yet not be actual paying subscribers. Could you arrange that in future all who join your society shall at the same time join our Association? Will you kindly consider this proposal, and send a line to "Yours very faithfully,

"PHILIP H. WILLIAMS.

"Dr. Thomas Littleton, Saltash."

Dr. BARHAM stated that at the approaching meeting of the British Association, an alteration of the law would be proposed—that no Branch with less than twenty members should have the privilege of being represented in the General Council; and in all probability that alteration, proposed he believed by the President, would be recommended by the General Council and adopted. He might also state that, having had occasion to communicate with the General Secretary, he had suggested for consideration whether a class of members might not be admitted at a lower subscription than a guinea—persons in the position of partners, or residents in the vicinity of each other, who might not require separate copies of the JOURNAL. But his (Dr. Barham's) own private opinion was that it was undesirable to have any but full members of the Association, and that the JOURNAL was essential to the Association's existence; it was most ably edited by Dr. Wynter, and was every year becoming more and more valuable.

Dr. LITTLETON remarked that the suggestions in Dr. Williams's letter applied only to *future* members of the Society; not to gentlemen who were already associate members. Dr. Littleton proceeded to submit some remarks on the proposed connection of the Cornwall Society with the South Western Branch. He alluded to the great indignities cast upon the profession in Cornwall by Mr. Edward Daniell, in his address as President of the South Midland Branch, published in the pages of the JOURNAL; which address, it appeared, described the people of Cornwall as a set of Bœotians. He thought that their *esprit de corps* in Cornwall should prevent their being merged as subordinates in any association, and that the profession in Cornwall might maintain a society as respectable as that in any other county. He should have no objection, however, to unite with Devon; but it was essential that the Cornwall Society should have the free choice of its own officers, etc.; and, if such conditions would be compatible, then it would be desirable to continue the connection with the South Western Branch. As matters stood, however, he thought it would be better to reply affirmatively to Dr. Williams's letter, as the Society now numbered fifty-six members, of whom twenty-eight were members of the British Medical Association.

Dr. BARHAM observed that by the constitution of the South Western Branch, all idea of subordination or inferiority in any particular county was precluded; and, after offering explanation of any supposed discourtesy towards members of the profession in Cornwall, he said that although there might be field enough in Cornwall for the operations of a distinct society, considering the peculiar conditions of the labouring and other population in Cornwall, yet it appeared to him that it would be disadvantageous to this Cornwall Society to sever itself from the South Western Branch. He spoke of the facilities now available to gentlemen of Cornwall for attending the meetings of the South Western Branch in Devon; and expressed doubt of the capacity of any Society in Cornwall to maintain itself on its independent energies and productive power; and this, not from lack of ability in individual members of the profession, but because there was no town in Cornwall of sufficient size to induce any considerable agglomeration of medical men; and men who were passing day and night in practice were rarely able to find time to sit down and write papers, or even make notes.

Dr. LITTLETON remarked that he was not aware any regulation existed which would preclude himself, or any other member of the British Medical Association, from being a member of two Branches whose limits bordered on each other, as would those of Devon and Cornwall, whereby any gentleman, situated as he found himself, might not be members of each, and attend the meetings of both when held at a convenient distance. He would be very sorry to be severed from the membership which he now enjoyed in the South Western Branch. But it was most essential that the members in Cornwall should have the ordering of their own affairs as to where and when meetings should be held. It was through the instrumentality of this Society that the miserable number of members (fourteen) of the Association which the county before contributed had been doubled; and by the same agency the number would in due time be further increased.

Mr. COUCH said if this Cornwall Society, being a section of the British Association, also belonged to the South Western Branch, the question with him was whether the annual meetings of the South Western Branch would supersede the meetings of the Cornwall Society; if that were to be the effect of connection with the South Western Branch, he should be inclined to the formation of a distinct Branch for Cornwall; but not otherwise. He should be very unwilling to give up those pleasant meetings of the profession in Cornwall.

Dr. BARHAM said that by becoming members of the British Association and of the South Western Branch, the profession in Cornwall need not give up their own local meetings. In further advocacy of alliance with the South Western Branch, Dr. Barham said that Branch comprised one hundred and sixty members; while an independent Society in Cornwall would not number, probably, more than thirty or forty; and with regard to what might be called a medical centre, an isolated society in Cornwall would be at very great disadvantage, comparatively.

Dr. LITTLETON said that by connection with the South Western Branch this county would be overruled by Devon; and he remarked that though that Branch had been in existence since 1833, it had only once held a meeting in Cornwall—twelve years since. Mr. Kempthorne, and other gentlemen who had given their assistance in organising the Cornwall section of the British Medical Association, had complained of the neglect under which their county had suffered. And though he (Dr. Littleton) had been a member of the British Medical Association since 1853, he knew nothing of the meetings of the South Western Branch until 1857, when, through the personal courtesy of Dr. Cookworthy, he received an invitation to attend a meeting of that Branch. The number of members of the Association in Cornwall had been gradually dwindling till, in 1857, it had fallen so low as fourteen, owing to the insufficiency of the existing organisation to create an interest in the Association.

The very small attendance of Cornishmen, rarely more than three, at the meetings held in Devon, even since the accommodation of the railway, proved that more frequent meetings within narrower limits were requisite. It was a mistake to suppose that the members of the Cornwall Medical Society had at any time advocated an independency of the British Medical Association. The law which required twenty members to unite for the formation of a Branch, rendered it necessary that this Society should have its separate organisation at first; but now its increased numbers no longer required this.

Dr. Jago did not happen to be a member of the Association at present; but perhaps he might be allowed to remark that, according to the programme before him, one great inducement to persons to become members of the British Medical Association was the improved quality of the Journal; yet, in one of its numbers the Editor offered, as a temptation to persons to become members, that the pages of the Journal should be open to any communications they might send.* That seemed to him to be a mistake. The great point in all journals should be to endeavour to get them to the highest point of perfection; and an announcement such as that he had referred to, must have a tendency to damage the Journal itself in the estimation of the medical public. He thought it a bad thing that a society of medical gentlemen, uniting professedly for the promotion of science, should avow that they did not intend that exactly, but simply to endeavour to puff themselves in their business. If, however, the Journal were improved to as high character as possible, it would almost compel persons to join the society in order to obtain its benefits.

It was proposed by Dr. Barham, seconded, and carried—

"That we remain, as many as are members of the British Medical Association, members of the South Western Branch."

It was proposed by Mr. Couch, seconded by Dr. Littleton, and carried unanimously—

"That the Cornwall Medical Society shall still remain as a sub-section of the British Medical Association, with a separate staff of officers and council, and the rules already in use by the Cornwall Medical Society.

anæmia of miners.

There were exhibited some interesting illustrations of the disease *anæmia*, in the persons of three male patients from the Royal Cornwall Infirmary. Observations on the nature of the disease and on modes of treatment for its cure were made by Dr. Barham, Dr. Jago, Mr. Couch, and Dr. Littleton; and a statement concerning the disease, prepared by Mr. Parkes and Mr. Fox, at the Infirmary, was read. There are three mines in Cuba worked by Englishmen, and one by Spaniards. The English become affected by anæmia much sooner than the Spaniards and natives; on the average, the former are unable to work longer than twelve months, and some are obliged to give up in two or three months. Only the men who work under ground appeared to suffer, and J. James, the patient whose case was the most minutely described, did not remember an instance of a surface-man getting the disease. James stated this mine—Santiago—seventy fathoms deep—was a dry mine, *i.e.*, the miners there did not stand in water to work; but in the other mines there was a great deal of water, the men standing in it; water was also continually dropping on them from above, and wherever it touched it raised a blister and caused a wound. James was in his mine fifteen months before he felt ill, and in seventeen months from the time he first worked there, he was obliged to come home; and he has been home about twelve months. There followed a description of some of the symptoms in the case of James, and in that of another of the patients, named Grangy.

Dr. Barham observed, that from the appearance of patients, the disease had sometimes been mistaken for hepatic affection, and mercurial remedies had been applied; but microscopic examination of the blood showed the true character of this disease, by the absence of red corpuscles. Preparations of steel were the most effective remedy for the disease, and sometimes it had been found desirable to prescribe iodine. He was sorry there would not be time for reading a paper Mr. Couch had written on a nearly allied subject.

Mr. Couch observed that in some mines in the neighbourhood of Cape Cornwall, which were worked under the sea, and consequently but imperfectly ventilated, the difficulty of respiration induced an exudation from the bronchial tubes; and in such cases he had not unfrequently found that the blood discs underwent partial decomposition and change of size and form. For the cure of such disease, he had found it essential to have the patient kept at surface, and to prescribe a stimulant preparation of iron and ammonia.

Dr. Jago, who had previously said he had written to the surgeon of the mines in Cuba for a more particular and scientific account of the disease as it occurred there, stated that a microscopic examination of the blood of the patients in the Infirmary, showed that the blood-discs became rough and jagged, and granulated in appearance. These patients had not suffered any bronchial affection or expectoration whatever; but they had complained of shortness of breath, and their pulse was quick.

Dr. Littleton thought the chief cause of the disease was absence of light.

Dr. Barham, in reference to Mr. Couch's remarks, thought it was strong evidence that there was something peculiar in this disease, that medical men cognizant of miners' diseases had sometimes mistaken it for hepatic affection. This was the case in some instances in France described by Chomel. Absence of light as a possible cause of the disease would apply to all miners. His own opinion was that, independently of the absence of light, or of the reduced proportion of oxygen in the mine levels, it would be found that the disease was attributable to some local cause—to some peculiar condition of the mines in which it occurred.

The attention of the meeting was directed to the inspection of a tumour which had been removed by Mr. Andrew, by means of the *écraseur*; and shortly afterwards the meeting adjourned for dinner at Pearce's Royal Hotel.

* Provided the communications were of sufficient value. Editor.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 28th, 1859.

F. C. Skey, Esq., F.R.S., President, in the Chair.

the connection between the heat of the body and the excreted amounts of urea, chloride of sodium, and urinary water, during a fit of ague.

by sidney ringer, esq.

The object of the paper was to trace out more particularly the connection, if any, between the height of the thermometer and the excreted amount of urea, chloride of sodium, and water, and he described his method of investigation, and the precautions taken against sources of error. His observations were made on two untreated cases of ague (one of quotidian, and one of tertian) in University College Hospital, under the care of Dr. Parkes; and the following particulars were shewn:—1. The temperature of the body, as judged of by the thermometer, in the axilla (after the manner of Wunderlich) every quarter of an hour, for several hours before, during, and after the fit. 2. The hourly excretion of urea, before, during, and after the fit, in the first case; and the excretion according to stages in the second case, as determined by the method of Liebig. 3. The hourly excretion of the chloride of sodium, and of urinary water, during the same periods in the first case, and the excretion by stages in the second. 4. The quantity of fluid drank.

In the first case (quotidian) the temperature of the body commenced to rise from forty-five to ninety minutes before any change was perceived by the patient, and continued to rise during the whole of the cold stage, and during part of the hot; it fell during the latter part of the hot, and the whole of the sweating stage. The severity of the fit could be determined by the character of the rise, whether rapid or with oscillations, and by the variations of the temperature during the several stages.

The urea was found to increase during the fit, as stated by Traube. The increase commenced before the first feelings of cold, and before, indeed, the rise in the thermometer. The maximum increase of urea was at the end of the cold stage, or just at the commencement of the hot (*i.e.*, before the temperature reached its highest point), and from this point the amount fell during the hot and sweating stages. There were variations in the amount of urea, which closely corresponded to variations in temperature; but often preceded them a little. The amount of increase was considerable (from two hundred to five hundred per cent.), and was definite; that is, during five successive fits, the amount corresponding to each degree of temperature was

the same; so that the temperature might be calculated from the amount of urea, or the reverse. A greater increase corresponded to a single degree at a high than at a low temperature. The excretion of urea was not influenced by the excretion of urinary water. The chloride of sodium was also increased, and varied with the temperature; but in a much less close degree. The increase was very considerable, and was at its maximum at the same period with the urea. The excretion of chloride of sodium was evidently much more closely connected with the excretion of water than in the case of urea. The urinary water was also definitely increased; *i.e.*, a certain quantity for each degree; and this was evidently independent of the fluid drank. The amount of water drank in no way influenced the total amount of water excreted. Much more was drank than was excreted.

A scruple of quinine, given to the same patient before the fit, and just as the temperature commenced to rise, delayed the rise for an hour; but had no other effect on the temperature on that day, and none on the urea, chloride of sodium, and water. Another scruple, given at night, after the fit, completely cured the patient as far as subjective symptoms were concerned. On the following day he had no shivering, no warmth, and no sweating, and the temperature remained the whole day quite normal; yet the urea and chloride of sodium increased at the time they would have done had he had a fit. On the next day the temperature was still normal, but the urea and chloride of sodium still rose during what would have been the fever hours; but the rise on this day was much less than on the day before. The effect of quinine, then, was to dissociate those two phenomena, namely, the temperature on the one hand, and the excretion of urea and chloride of sodium on the other. The same fact has been noted by Redtenbacher. The quinine affected the temperature at once, but the urea and chloride of sodium more slowly.

In the second case (of tertian ague) the temperature followed the same laws. The urea, chloride of sodium, and water, were determined only during each stage. There was found to be an increase in all three constituents, the increase being greatest during the cold stage. The urea was more than double in amount in the cold stage that it was in the previous apyrectic hours. The pulse showed a close correspondence with the temperature.

In a case of hectic fever, in a phthisical patient of Dr. Walshe, there were well marked cold, hot, and sweating stages. The temperature followed the same rules as in ague, and there was also an increase in the urea and chloride of sodium during the cold and hot stages. There was a difference in this respect, however, that the urea fell before the rise in the temperature commenced, and that its increase afterwards was even less than in ague. It also rose again just at the end of the sweating stage. Hence, in spite of the diversity, the phenomena would appear to be very similar in ague and hectic fever.

ON THE REPARATIVE PROCESS IN HUMAN TENDONS AFTER SUBCUTANEOUS DIVISION FOR THE CURE OF DEFORMITIES.

BY W. ADAMS, ESQ.

Specimens of reunited tendons after division were exhibited from ten cases, and also drawings of the recent appearances in thirteen cases, at periods between four days and three years after the operations. These specimens had been collected by Mr. Adams during the last eight years, and were principally from patients operated upon at the Royal Orthopædic Hospital; but for two specimens he was indebted to Mr. Erichsen and Mr. Curling.

The author gave a general summary of the reparative process, describing:—1. The immediate results of the operation. 2. The commencement and nature of the reparative process. 3. The general appearance and structure of the newly-formed connective tissue, or new tendon; and 4. The junction of the new with the old tendon.

This was followed by an account of the circumstances which may interfere with the perfection of the reparative process, or entirely prevent it. Complete failure of union had been witnessed by the author only in the posterior tibial tendon; but there was considerable risk of such an occurrence whenever tendons were divided in or near to dense tubular sheaths. Imperfect union might result either from some constitutional defect in the reparative powers of the patient, or from injudicious after treatment in a variety of ways; but principally from too early and too rapid mechanical extension. It was stated that tendon is one of the few structures of the body capable of reproduction, or regeneration; and that the newly formed tissue acquires, within a few months of its formation, the structural characters of the old tendon so perfectly as that, under the microscope, it is with difficulty distinguishable from it; but it does not acquire through its substance the uniformly opaque pearly lustre of old tendon; in the mass it retains a greyish translucent appearance, so that the recent section affords an easy method of distinguishing the new from the old tendon. The greatest length of perfectly formed new tendon which the author had seen was two inches and a quarter, and this was in the tendo Achillis of an adult, and a year and a half after it had been divided by Mr. Curling. The process by which new tendon is formed is essentially similar in animals and in man; the perfection of the reparative process is in direct proportion to the absence of extravasated blood and inflammatory exudation; and the sheath of the tendons, when consisting of bone-textured areolar tissue, as in the tendo Achillis, and other tendons surrounded by soft tissues, is of importance:—1. In preserving a connection between the divided extremities of the tendon. 2. In furnishing the matrix in which the nucleated blastematous, or proper reparative material, is effused. 3. In giving definition and form to the newly developed tendinous tissue. The new tendon always remains as a permanent tissue, and as an integral portion of the tendon, the divided extremities of which it has been formed to reunite. The average length of new tendon formed in children to reunite the divided extremities of the tendo Achillis, Mr. Adams considered to be from half an inch to an inch, and in adults from one to two inches.

The author considered the facts adduced in this paper were amply sufficient to disprove the *linear-cicatrix theory*, which assumed that the newly formed tendinous structure has a disposition to undergo a process of gradual contraction, such as takes place in the cicatrices of the skin after burns; and that ultimately it becomes absorbed. The muscular structure at the same time becoming elongated by the force of the contraction of the cicatrix, so as to allow of the re-approximation of the ends of the divided tendon, and the formation of a linear cicatrix.

From the present observations it appeared that in the cure of deformities, muscles are elongated by the increased length of their tendons, obtained by means of subcutaneous division, and the development of new tendon formed for the purpose of reuniting the divided extremities of the old tendon. The mechanical and physiological effects of this increased length of the tendons were described; and lastly, the author stated that when recontraction of the foot takes place, and the deformity returns at a distant period after tenotomy, this does not depend upon absorption of the new material, or new tendinous tissue formed previously to unite the divided extremities of the old tendon, but upon structural alterations taking place in the muscular tissue. In three cases of relapsed deformity of the foot examined by the author, the new tendinous tissue formed after the previous operations remained, and could be easily distinguished from the old tendon.

Editor's Letter Box.

THE ASSOCIATION DEBT.

LETTER FROM A. P. STEWART, M.D.

Sir,—As I observe that the few words I ventured to address to the Association, in reference to the liquidation of the debt, immediately before the close of the proceedings on the 29th of July, have not been reported, I have to request the insertion in your columns of the following suggestions, which, but for severe illness which confined me to bed from the moment of my arrival at Birkenhead on the morning of the 28th, I should have urged on the attention of the Association during the discussion which took place on the afternoon of that day.

It is a very easy matter to recommend a voluntary rate of ten shillings, spread over the next two years, and to express the conviction "that those who three years ago contributed to the ten-shilling fund will be the first to contribute to the voluntary payment now asked for." But the inquiries I have made during the last month, in consequence of a letter addressed to me by Mr. Terry of Northampton, have satisfied me that very many of those who met the call in 1856, will decidedly, and as it appears to me justly, object to making any further contribution, so long as no measures are adopted to draw forth the contributions of those who have done nothing towards clearing off the debt. They feel that, when so much tenderness is

shown towards those who have proved their interest in the Association by keeping their money in their pockets, some consideration is due to those who have promptly and cheerfully lent their aid in discharging past liabilities. The proposal of a voluntary rate of ten shillings during the next two years, to cover a debt of £300, is equivalent to an appeal to 600 members to come forward and pay the debts of 2,150. This is neither politic not just.

The suggestion I made at Liverpool was, that the Council should publish the names of those who met the former call, and appeal to the defaulters for their contributions. I have now another proposition, either alternative or supplemental, to submit. A call of *five* shillings, if generally responded to, would bring in £500. If those who have hitherto held back would now make this very moderate contribution, I should think that those who have already contributed would gladly unite with them (making no allusion to the past) in fulfilling the scriptural precept, "Render therefore to all their dues," and in securing a surplus fund to be applied towards placing the Journal in that position of commanding influence, which the organ of so important an Association ought to, but does not, fill.

I am, etc., A. P. Stewart.

74, Grosvenor Street, August 8th, 1859.

PROPOSED TESTIMONIAL TO E. DANIELL, ESQ.

Letter from W. J. Allison, Esq.

Sir,—The meritorious efforts of Mr. Daniell of Newport Pagnell, in projecting an Annuity Fund for the relief of aged members of our profession, and for their widows and orphans, must be familiar to every medical man of any standing in the profession.

A considerable time has elapsed since I last addressed you on this subject, during which period I have read some of Mr. Daniell's addresses, as well as lists of trustees, directors, local secretaries, rules, etc. From the year 1845 to 1851, the journals of the day teem with his eloquent and powerful appeals; and the success of his scheme at that time seemed scarcely problematical, as nearly all the *élite* of the Londom medical world especially were lending it a helping hand. Some hundreds of pounds were spent upon maturing this scheme; and Mr. Neison, the eminent actuary, had furnished tables, at a considerable cost, to attach it to a life insurance. "The British Medical Fund" was enrolled under an Act of Parliament, and the Rules and Regulations were printed and distributed.

It appears that but little further effort was necessary on the part of Mr. Daniell (if no impediment had arisen) to place this institution on a firm and solid basis, and to render it one of those noble and beneficent helps in the hour of difficulty and distress which the community have long recognised as a necessary adjunct in every precarious calling.

I was a subscriber to this Fund from the commencement, and was an admirer of the zeal and energy with which the untiring projector published his appeals in almost every medical journal, and uttered his heart-stirring addresses at public meetings. The one delivered at St. Mary's Hall, Coventry, and published in the local papers of that city, developes the principles of cooperation, and the necessity of it in our profession, with indisputable argument and Christian truthfulness. Dr. Powell of Coventry was so impressed by the speech as to have copies of it reprinted.

"Charity", said Mr. Daniell, "is a *casualty* upon which necessity may bid us lean—not a *principle* upon which we are privileged to fall;" and yet, with the exception of London and of a few provincial counties, we have no cooperation for self-reliance.

The apathy of the professional body is a serious impediment to individual exertion and enterprise, as was singularly marked in this undertaking; and I believe that the immediate cause of the failure of Mr. Daniell's self-supporting institution was an obstacle which proved the reverse of his doctrine—proved that "the profession regarded *charity* as the *principle* upon which the unfortunate and their dependents should fall": a mistake which to me appears the more untenable as I increase in years and experience. I have urged upon the more thoughtless or careless of my professional brethren, at their outset in life, the absolute necessity for prudence, foresight, and self-reliance; and have reminded them of the palpable though deeply to be regretted truth enforced in Mr. Daniell's doctrine (in the journals), that if all the needy ones amongst us are to trust to charity, we must expect to find that to one lucky recipient of its bounty, ten other candidates will be "sent empty away". These and such-like considerations convince me the time will come when the profession as a body will take a different view, for their own interests; and when some grand scheme like the one which Mr. Daniell advocated, with some additions, will spring up to cover the length and breadth of "the land we live in".

I am personally unacquainted with Mr. Daniell, but am quite satisfied that he has a just claim upon the members of our profession for some tribute of their regard and approbation, in return for the talent which he has displayed, and the time and money which he has sacrificed on our behalf: indeed, to me it appears disgraceful to us to leave so much labour and ability unregarded, and to allow the noble efforts of such a man to die out, without the slightest recognition of his services by those for whom he has worked so ably, so assiduously, and so disinterestedly.

We are liberal with testimonials to those who have simply done their duty, while we neglect those who have gone out of their way to render us a service; and I ask,—When the profession had been aroused by reiterated appeals to learn the wretched condition which was the lot of many of its members and their dependents, had no service been rendered? After arguments and discussions on the subject at public meetings, had no one been enlightened? had no advantage accrued to the listeners? Some of the first-rate men in London would answer in the affirmative, and the higher minded would be the first to make the acknowledgment. (Those with the most refined minds have not always the best filled purses.)

The failure of the scheme was not the fault of its projector; it was a mistake of other parties, and a result not to be anticipated, though, I think, much to be regretted.

It appears, on a reference to the journals of the day (*Provincial Journal*, No. xiv, July 9th, 1851), that nearly the last letter by Mr. Daniell on "The Fund" was published as late as 1851; so that we may say a great part of six years of this gentleman's valuable life was spent in our service.

Shall this scheme be lost to the next generation? and shall its originator go down to his grave unhonoured and unrequited? What I ask for is a public acknowledgment from members of the profession, by means of a testimonial of esteem to Mr. Daniell, for his commendable exertions and his valuable and meritorious services, during five or six years, on behalf of his less fortunate medical brethren.

I am, etc., W. Allison.

August 1859.

P.S. In an early number of this Journal, I hope to see a list of the names of those who agree with me in opinion upon this question, and who can afford to specify a sum of money as their subscriptions for a testimonal. Post-office orders to be made payable to Thomas John Honeyman, 37, Great Queen Street, London, W.C.

THE NORWICH UNION LIFE OFFICE.

Letter from J. H. Goodwin, M.D.

Sir,—In your Journal of the 23rd July, you say that you have no doubt but that Dr. Ranking was *mainly* instrumental in bringing the directors of the Norwich Union Life Office to consent to the resolution of paying the private medical attendants in applications for Insurance. Now, as I was *the* Director who first brought the subject before the Court of Directors, and strongly urged the Committee to give it their earliest attention, I think I have a right to some credit for this satisfactory result which has been arrived at, more especially as I very much doubt whether the subject would ever have been *originated* by any member of the Committee, of which Dr. Ranking is one, although I am quite willing to admit that he supported my proposition vigorously. I should have brought the subject before the Court of Directors long ago, only that the opposition to it was so strong; and it was only when we had succeeded in getting two medical men upon the Committee of Directors that I thought that the attempt might be made without risk of failure. I think it is only fair to myself to state these facts.

I am, etc., John H. Goodwin, M.D.Cantab.

Bury St. Edmund's, August 12, 1859.

[Our statement regarding Dr. Ranking was only one of belief, founded—not incorrectly—on the interest he is known to feel for the good of his profession. At the time, Dr. Goodwin's name was comparatively unknown to us; but we are now glad to accord to him the honourable preeminence which he claims. Editor.]

FATAL PERITONITIS AFTER DIVISION OF IMPERFORATE HYMEN FROM RETENTION OF MENSES.

Letter from E. J. Tilt, M.D., L.R.C.P.

Sir,—The interesting remarks of Mr. Paget, of Leicester, on the possible occurrence of fatal peritonitis, in cases of retention of menstruation, notwithstanding the division of the hymen, brings to my recollection a similar case which occurred in the practice of Sir B. Brodie, and which is briefly related in the twenty-seventh volume of the *London Medical Gazette*. Sir B. Brodie stated to the Royal Medical and Chirurgical Society, that he had punctured the hymen for retention of menses in a patient at St. George's Hospital, and that nevertheless the patient died of peritonitis. The abdomen was found to contain a large quantity of menstrual blood, without any rupture of the Fallopian tubes, or of the uterus; a circumstance which could not be explained without admitting "that the blood had passed from the uterus backwards through the Fallopian tubes." This regurgitation of the menstrual blood into the peritoneal cavity, without any rupture of the Fallopian tubes, followed by fatal peritonitis, notwithstanding the partial relief afforded by the passing of blood by the vagina, are the salient points of the sixty-ninth case related at page 255 of my work on *Diseases of Women* (Second Edition).

In this interesting case, which occurred in the hospital practice of my friend, Dr. Bernutz, of Paris, the retention of menstruation was caused, not by imperforate hymen, but by disease of the womb. I am, etc., E. J. Tilt.

11, York Street, Portman Square, August 1859.

LITHOTOMY IN THE FEMALE.

Sir,—On reading Dr. McEwen's exceedingly interesting case of Lithotomy in the Female, published in the last number of the Journal, I am left in some doubt as to the exact method adopted by him in the operation. As the case was every way so successful, and as the function of the sphincter vesicæ remains comparatively perfect, I think it would gratify other members as well as myself if Dr. McEwen would oblige us with a brief note of the tissues included in his incisions. Dr. McEwen says: "With a probe-pointed knife, I cut first a little laterally, and then downwards and outwards." Hoping that an humble inquirer may be pardoned for wishing further particulars. I am, etc., Embryo.

Liverpool, August 15th, 1859.

Parliamentary Intelligence.

HOUSE OF LORDS.—Friday, August 12th, 1859.

MEDICAL ACTS AMENDMENT BILL.

On the motion that this Bill do go into Committee—

Lord Dungannon expressed a hope that at this period of the Session the Bill would be postponed, in order that the parties interested and most affected by it might be consulted on the subject, more particularly as several petitions had been presented from the Royal College of Surgeons of London, Edinburgh, and Dublin.

The Lord Chancellor was of opinion that if any new principles or arrangements were introduced in the Bill, it should be postponed for the present.

Earl Granville thought that as there were matters in dispute, it was not desirable that they should give the Bill a second reading.

After a few words from the Duke of Leinster and Lord Kingsdown, the Bill was understood to be postponed.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

Of sons, the wives of—

Buchanan, George, M.D., 75, Gower Street, on August 12.
Buckle, N. T., M.D., Staff-Surgeon, at Poonah, on June 16.
Emerson, W., Esq., Kentish Town, on July 30.
Griffin, R. W. W., M.D., at Southampton, on August 2.
Heelis, R., Esq., Haverstock Hill, on July 31. (Twins.)
Johnson, George, M.D., Savile Row, on July 29.
Pollard, E. W., Esq., Brompton Square, on August 14.

Of daughters, the wives of—

Sharpe, John, Esq., Waltham Cross, on August 15.
Sheehy, W. H., Esq., 4, Claremont Square, on August 3.
*Underhill, T., Esq., Great Bridge, Tipton, on July 31st.
Wood, John, Esq., 4, Montague Street, on July 31.
*Ward, Thomas, Esq., Southampton, on August 16.

MARRIAGES.

Chambers, Thos., Esq., Surgeon, Grove Road, N.W., to Elizabeth J. D'Urban, Notting Hill, on August 4th.
Evans, Usher W., Esq., Staff-Surgeon, to Caroline Fanny, third daughter of the late Captain B. Travers, Rifle Brigade, at Zante, on July 15.
Leishman, Wm., M.D., Glasgow, to Augusta Selina, eldest daughter of George Drevar, Esq., on August 3rd.
Livingstone, Charles H., Esq., Surgeon Indian Army, to Agnes, youngest daughter of William Scott, M.D., late H.E.I.C.S., on August 4th.
Meldola, Raphael, Esq., Surgeon, Gretton Terrace, Victoria Park, to Amelia, only child of the late L. Aria, Esq., Tavistock Square, on August 15.
Sharman, J., Esq., Surgeon, Montague Place, N., to Louisa, widow of the late M. Ovington, Esq., on August 4th.
Sharp, Charles K., Esq., solicitor, Circus Place, to Emma, daughter of the late E. C. W. Rowe, Esq., Surgeon, on August 3rd.
Skinner, R. V., Esq., Surgeon, Winchelsea, youngest son of *D. Skinner, Esq., Headcorn, to Maria Louisa, third daughter of T. R. Legg, Esq., Winchelsea, on August 9.
Taylor, Fredk. B., M.D., Edinburgh, to Georgina, daughter of the late Thomas Richardson, Esq., Restalrig, Edinburgh, on August 4th.
Telfer, Wm., Esq., Surgeon R.N., to Margaret I. J., youngest daughter of the late James Brown., Esq., Edinburgh, on August 3rd.
Thompson, the Rev. J. C., Calcutta, to Mary Elizabeth, eldest daughter of J. Campbell, M.D., Greenlaw, N.B., on Aug. 9.
*Whitcombe, Edmund B., Esq., Surgeon, of Cleobury Mortimer, to Maria Letitia, eldest daughter of the late Henry Warland, Esq., of Bury St. Edmunds, at Bletchingdon, Oxon, on August 10th.

DEATHS.

Ainsworth, James, M.D., at Bellewista, near Callao, on June 13.
Barnard. On July 2nd, Edward D., aged 1 year, child of J. W. Barnard, M.D., Hastings.
Besly, Francis, Esq., Royal Infirmary, Waterloo Road, on August 2nd.
Findlay, J., Esq., R.N., Boorandara, Melbourne, on April 18.
Guthrie, Charles G., Esq., at Clifton, aged 42, on Aug. 13.
Norwood, Edward, M.D., at Mersham, on July 25.
Peck. On May 1st, the wife of F. M. Peck, Esq., Grassdale, Australia.
Phipps. On July 20th, the wife of J. G. Phipps, M.D., Brixton Road.
Stevenson, W., Esq., late H.E.I.C.S., Calcutta, on July 30.
Wightman. On August 14th, at York, aged 55, Mary, wife o *John Wightman, Esq.
Vallance, Benjamin, Esq., Brighton, on July 27.
Willis, F., M.D., Market Deeping, aged 67, on July 29.
Wood. On August 12th, Mary Ann, wife of John Wood, Esq., Montague Street.

APPOINTMENTS.

*Jordan, Furneaux, Esq., appointed Assistant-Surgeon to the Queen's Hospital, Birmingham.
*Moore, Edward, Esq., Halesowen, appointed a Deputy Lieutenant for Worcestershire.

PASS LISTS.

Royal College of Surgeons. Members admitted on *Friday, July 29th*, 1859:—

Bringloe, John, Camberwell	Parsons, F. J., Bayswater
Campbell, John, Kinneff, N.B.	Piercy, William L., Dublin
Delmar, Stuart, Canterbury	Shanley, L. P., Strokestown
O'Brien, Daniel, Calcutta	Thomson, A. B., Rothes, N.B.

Monday, August 1st:—

Bossy, Alfred H., London
Bryant, Charles, Sydney
Dixon, George, Helmsley
Eardley, John, Bayswater
Earnshaw, John, Oldham
Fawthrop, John, Halifax
Harris, William, Pimlico
Kenny, J., Stoke Newington
Nicholson, John L., Hull
Palmer, Henry, East Garsten
Smith, John R., Cirencester
Smythe, H., King's Lynn
Swindell, John J., Whetstone
Turnbull, Wm., Euston Road

Apothecaries' Hall. Licentiates admitted on *Thursday, July 28th*, 1859:—

Ashby, J. F., South Newington
Daly, Michael, Ireland
Dowker, F. W., Laysthorpe
Edwards, David R. P., Newport, Monmouthshire
Harrison, Reginald, Stafford
Power, Daniel, Herleby
Roberts, Griffith W., Clynrog, North Wales
Wales, John, Downham Market
Williams, Wm. J., Uffculme

The following gentlemen, on the same day, passed their first examination:—

Brunton, L. B., Limehouse
Case, G. H., Fareham
Davey, Alexander G., Walmer
Everett, B. G., Warminster
Hall, Augustus R., Topsham
Hammond, F. J., Sherborne
Hawkins, T. H., Reading
Sutton, Henry G., Ilminster
Watkins, Walter, Brecon
Wickham, William, Tetbury

Thursday, August 4th.

Clark, G., Newcastle-on-Tyne
Evans, George Moule
Freshfield, Allen, Harwich
Hodgson, James B., Preston
James, R., Diffryn Narberth, Pembrokeshire
Lean, Henry J. B., Jersey
Lomas, H. W. F. M., Shildon
Mayou, George, Monmouth
Mordue, R. D., Newcastle-on-Tyne
Newington, R. S., Goudhurst
Provis, Wm. A., Holyhead
Torbock, R., Hawes, Yorksh.

The following gentlemen, on the same day, passed their first examination:—

Belemore, Alfred J.
Farrington, W. H., Ottery St. Mary, Devon
Fernie, Henry M., Yeldon
Ryland, T. E., Birmingham
Ward, Henry, Diss
Workman, Charles J., Reading
Young, E. Parker, Henley-on-Thames

Thursday, August 11th.

Bucknill, Ebenezer, Bedford
Freeman, William, Maldon
Green, John, Cawood
Holt, W., Horbury, Wakefield
Smith, Gordon S. R. W.
Webb, Henry J., Cheadle
White, Robert H., Leeds
Winter, William T., Bristol

The following gentlemen, on the same day, passed their first examination:—

Beddard, James, Dudley
Bell, John W., Hull School of Medicine.
Egle, G. M., Barcombe, Lewes
Lee, Fred. F., Salisbury
Orton, Richard, Baston, Notts.
Phelps, Fred. P., Reading
Warner, John, Finsbury Sq.

University and King's College, Aberdeen. The following, after examination, had the degree of M.D. conferred on them, July 29th, 1859:—

Bartlet, A. H., Ipswich
Bennett, Thomas J., Wilton
Carter, Henry F., Brighton
Evans, Maurice G., Narberth
Fuller, T., New Shoreham
Gilbertson, J. B., Preston
Guppy, Henry S., Falmouth
Hay, William B., Hull
Haynes, J. A., Lewisham
Hills, Wm. C., Maidstone
Holl, Harvey B., London
Hopton, George O., London
Jones, Alfred, Deptford
Miller, J. W. M., Southsea
Noble, Thomas, London
O'Neill, William, Lincoln
Pinchard, Benj., Cottenham
Shepperd, Wm. G., London
Speen, William, Tarland
Todd, George S., Forfarshire
Webb, John W., London

Also, the following had, after examination, the degree of M.B. conferred on them:—

Brotehie, Alexander Rainy, Aberdeenshire
Moir, William, Aberdeenshire

HEALTH OF LONDON—AUGUST 13th, 1859.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week	Boys .. 907 / Girls .. 855	1762 ..	1296
Average of corresponding weeks 1849-58 ..		1500 ..	1365

The deaths from diarrhœa were 296. Of these, 90 occurred in the east districts. In addition, 22 deaths are referred to cholera; all of which, except 8, occurred in children. Scarlatina was fatal in 49 cases; diphtheria in 18.

Barometer:
Highest (Th.) 29.90; lowest (Mon.) 29.64; mean 29.796 in.
Thermometer:
In sun—highest (Fri.) 101°; lowest (Tu.) 65°.
In shade—highest (Fri.) 81°; lowest (Fri.) 51.6.
Mean—63.9°; difference from mean of 43 yrs. +2.1°.
Range—during week, 29.5°; mean daily, 18.4°.
Mean humidity of air (*saturation*=100), 77.
Mean direction of wind, S.W.—Rain in inches, 0.28.

PUBLIC VACCINATION.

The following replies have been received by Mr. Griffin, in answer to his memorial, published in the Journal of July 30:

I. *From the Registrar-General.*

General Registrar Office, Somerset House, July 4th, 1859:

Sir,—I have to thank you for your suggestions on the subject of vaccination, contained in your letter of the 1st inst. I always entertained many objections to the Compulsory Vaccination Act, and I did not fail to make them known to Lord Lyttelton, the framer of the Act; but I was unable to make any impression on his lordship, and everything objectionable in the measure was permitted by the Government of that day to remain unaltered in that Bill in its passage through both Houses of Parliament. I have been very anxious for an amendment of this Act, but hitherto unavailingly.

I have the honour to be, sir, your obedient servant,
George Graham, *Registrar-General.*

R. Griffin, Esq., Weymouth.

II. *From the Secretary to the Privy Council.*

Privy Council Office, 20th July, 1859:

Sir,—I am directed by the Lords of the Council to acknowledge the receipt of your letter of the 1st instant, and to thank you for your suggestions upon the subject of vaccination. Without undervaluing the importance of these suggestions, their lordships desire me to remind you that they cannot be carried into effect otherwise than by Act of Parliament.

I am, sir, your obedient servant,
Wm. L. Bathurst.

Richard Griffin, Esq., 12, Royal Terrace, Weymouth.

III. *From the Secretary to the Poor-law Board.*

Poor-law Board, Whitehall, S.W., 5th July, 1859.

Sir,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 1st inst. (and its enclosures), respecting the alleged defective state of vaccination. I am directed to inform you that the statements and suggestions contained in the above mentioned communication will receive the consideration of the Board.

I am, sir, your obedient servant,
C. Gilpin, *Secretary.*

R. Griffin, Esq., Weymouth.

TO CORRESPONDENTS.

M. B., Liverpool. We were certainly greatly surprised to see, in the *Lancet* of the last week, an account of the proceedings of the General Council of this Association. It has always been understood that this body deliberated with closed doors, and its proceedings have never before been reported. The account given in the *Lancet* is clearly from the pen of some gentleman then present, who, in addition to abusing the confidence of the Council, has added the grave error of reporting his own view of matters, instead of giving a mere statement of facts.

NOTICE.—Dr. Wynter will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, London, W.C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

Communications have been received from:—Mr. Edward Lister; Dr. W. O. Markham; Dr. Jas. Williams; Mr. T. Holmes; Dr. Hyde Salter; Dr. Lionel Beale; Dr. Davey; Mr. J. C. Roope; Mr. T. M. Stone; Dr. E. Waters; Dr. Tilt; Dr. J. H. Goodwin; M.D.; Dr. Strap; The Secretaries of the Manchester Medico-Ethical Association; Mr. J. Wightman; Embryo; Dr. T. Skinner; Mr. N. G. Moore; Mr. T. Underhill; Dr. J. Lewis; Mr. H. Rumball; and Dr. Ladd.

BOOKS RECEIVED.

[* *An Asterisk is prefixed to the names of Members of the Association.*]

1. The Spinal Cord and Medulla Oblongata, and on the Proximate Cause and Rational Treatment of Epilepsy. By J. L. Schroëder van der Kolk. Translated by *William Daniel Moore, A.B., M.B. The New Sydenham Society, London: 1859.